2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Parcipal Place of Business SOCIATION, INC. OF JUN 18 AM II: 19 Parcipal Place of Business SOCIATION, INC. OF JUN 18 AM II: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA AMBIRO Address 3011 S. OCEAN DRIVE HOLLYWOOD, FL 33019 2. Principal Place of Business - No PO Box # 3. Mailtry Address Suita, April A. etc. Suita, April A.	DOCUMENT # N0300000385				FILED				
## HOLLWOOD, FL 33019	1. Entity Name OCEAN PALMS ASSOCIATION, INC.					l /			
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POLIAKOFF, RYAN Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	<u>.</u>	-		\$8.75 Ad	ditional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement to the process of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent of Florida Department of States 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Debts 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Debts 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Debts 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Universe Process of Florida Department of States 12. Florida Department of States 12. Florida Department of States 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Universe Process of Florida Department of States 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Universe Process of Florida Department of States 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Universe Process of Florida Department of States 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Universe Process of Florida Department of States 15. ADDITIONS/CHANG		6. Name and Address of Curren	t Registered Agent			7. Name and Add	ress of New Regis		
STORMATURE City FL Zip Code	POLIAKO	FF. RYAN		Na	Name				
8. The above named entry submits this statement of the process of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	3101 S. OCEAN DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
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