

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009034

FILED
Mar 20, 2006
Secretary of State

Entity Name: OCEAN TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

801 UNO LAGO DRIVE
JUNO BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

801 UNO LAGO DRIVE
JUNO BEACH, FL 33408

New Mailing Address:

FEI Number: 33-1106526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPNICK, MICHAEL E ESQ
100 EAST LINTON BLVD
102-B
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENNETT, DANIEL
Address: 300 UNO LAGO DRIVE #205
City-St-Zip: JUNO BEACH, FL 33408

Title: VD () Delete
Name: REYNOLDS, KEN
Address: 500 UNO LAGO DRIVE #201
City-St-Zip: JUNO BEACH, FL 33408

Title: SD () Delete
Name: LABUA, BOB
Address: 12 FORSYTHE DRIVE
City-St-Zip: EAST NORTHPORT, NY 11731

Title: TD () Delete
Name: WELLS, KRIS
Address: P.O. BOX 4207
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: CASALE, JAMES
Address: 350 GROVERS LANE #1B
City-St-Zip: BRIDGEPORT, CT 06605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WELLS, KRIS
Address: P.O. BOX 4207
City-St-Zip: TEQUESTA, FL 33469

Title: VD (X) Change () Addition
Name: CARR, JONATHAN
Address: P.O. BOX 32042
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: SD (X) Change () Addition
Name: CASALE, JAMES
Address: 400 UNO LAGO DRIVE #205
City-St-Zip: JUNO BEACH, FL 33408

Title: TD (X) Change () Addition
Name: BREITKOPF, BURTON
Address: 300 UNO LAGO DRIVE #106
City-St-Zip: JUNO BEACH, FL 33408

Title: D (X) Change () Addition
Name: LABUA, BOB
Address: 12 FORSYTHE DRIVE
City-St-Zip: EAST NORTHPORT, NY 11731

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. CHAPNICK, ESQ., AGENT/ATTORNEY

RA

03/20/2006

Electronic Signature of Signing Officer or Director

Date