


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # N25106 1. Entity Name OCEAN ISLE RUBICAN CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O ALBERT O. SNYDER, JR 12103 LAKEWOOD CT FORT MYERS, FL 33908-2834 US	Mailing Address C/O ALBERT O. SNYDER, JR 12103 LAKEWOOD CT FORT MYERS, FL 33908-2834 US
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03252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0058521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SNYDER, ALBERT O JR
12103 LAKEWOOD CT
FORT MYERS, FL 33908-2834**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DAN R 4510 SE 5TH PLACE #101 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILTRANO, MARCIA M 10825 FIELDWOOD DR FAIRFAX, VA 220304550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, GWEN 114 JUMPER LANE WEST CHESTER, PA 19382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80033-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwen Lynn Nelson Gwen Lynn Nelson 03/30/07 - 610-331-9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #