


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90019 044 ****61.25

DOCUMENT # N42392

1. Entity Name - **OCEAN PEARL'S HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **3240 CARDINAL DR**
~~200~~
VERO BEACH, FL 32963

Mailing Address: **3240 CARDINAL DR**
~~200~~
VERO BEACH, FL 32963

54014457



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number: **65-0567938**

Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHLITT PROPERTY MANAGEMENT, INC.
3240 CARDINAL DR
~~200~~
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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: *Kellyanne D. DeLoe* DATE: **3/1/04**

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | CASTLEMAN, LAWRENCE D | |
| STREET ADDRESS | 360 NORTH BLUE WAVE LANE | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | PVD- PRESIDENT | <input type="checkbox"/> Delete |
| NAME | MANN, DON | |
| STREET ADDRESS | 300 N. BLUE WAVE LANE | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | COMMERFORD, LINDSAY | |
| STREET ADDRESS | 3240 CARDINAL DR, STE. 200 | |
| CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARY PURUCKER | |
| STREET ADDRESS | 440 SEASIDE LANE | |
| CITY-ST-ZIP | JUNO BEACH, FL 33408-2337 | |
| TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EUSTACE WOLFINGTON | |
| STREET ADDRESS | 700 S. HENDERSON RD 202 | |
| CITY-ST-ZIP | KING OF PRUSSIA, PA 19406 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kellyanne D. DeLoe* DATE: **3/1/04** DAYTIME PHONE #: **772-388-6352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR