

FROM : MANN



FAX NO. : 17722346887

04-01-'05 15:40 FROM-

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90331 002 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N42392</b>			
1. Entity Name <b>OCEAN PEARL'S HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 3240 CARDINAL DR 200 VERO BEACH, FL 32963		Mailing Address 3240 CARDINAL DR 200 VERO BEACH, FL 32963	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHLITT PROPERTY MANAGEMENT, INC. 3240 CARDINAL DR 200 VERO BEACH, FL 32963		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered agent signature required when changing)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing True: Fund Contribution <input type="checkbox"/> <b>\$8.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURUCKER, GARY 440 SEASIDE LANE NORTH PALM BEACH, FL 334082337 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVO MANN, DON 300 N. BLUE WAVE LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFINGTON, EUSTACE 700 S. HENDERSON RD. 202 KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 817, 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 information.			
SIGNATURE: 		Date: 4/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

50037999



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0567938 Applied For Not Applicable

5. Certificate of Status Desired  \$9.76 Additional Fee Required

PHONE 172-234-5770