

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90325 008 ****61.25

DOCUMENT # N96000004083



1. Entity Name
**THE OCEAN CLUB AT ORCHID ISLAND CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business
**1 BEACHSIDE DRIVE - TOWN OF ORCHID
VERO BEACH, FL 32963**

Mailing Address
**C/O ELLIOT MERRILL MGT.
835 20TH PL
VERO BEACH, FL 32960 US**

24040100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3447033

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MERRILL, CRAIG
C/O ELLIOTT MERRILL COMMUNITY MGT
835 20TH PL
VERO BEACH, FL 32960**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **VTD** ☐ Delete
NAME **LAWYER, JOE**
STREET ADDRESS **100 BEACHSIDE DR #202**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **PD** ☐ Delete
NAME **MEREDITH, TED**
STREET ADDRESS **90 BEACHSIDE DRIVE #202**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **SD** ☐ Delete
NAME **POLLARD, ROBERT**
STREET ADDRESS **90 BEACHSIDE DRIVE #101**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☐ Delete
NAME **PALMER, EDWIN**
STREET ADDRESS **100 BEACHSIDE DR 201**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☒ Delete
NAME **SACKVILLE, WALTER**
STREET ADDRESS **90 BEACHSIDE DR 301**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Lawyer, Joe**
STREET ADDRESS **100 Beachside Drive #202**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **VD** ☒ Change ☐ Addition
NAME **meredith, Ted**
STREET ADDRESS **90 Beachside Drive #202**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Bleck, Max**
STREET ADDRESS **100 Beachside Drive #303**
CITY-ST-ZIP **VERO BEACH, FL 32963**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J.C. LAWYER

4/12/04 581-2677