

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90029 035 \*\*\*\*61.25

<b>DOCUMENT # 727684</b>
1. Entity Name OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5500 OLD OCEAN BLVD BOCA RATON, FL 33432 US	Mailing Address 660 LINTON BLVD. STE. #207 DELRAY BEACH, FL 33444 US
---	---

2. Principal Place of Business	3. Mailing Address 1101 N. CONGRESS AVE.
--------------------------------	---

Suite, Apt. #, etc.	Suite, Apt. #, etc. #204
---------------------	-----------------------------

City & State	City & State BOYNTON BEACH, FL
--------------	-----------------------------------

Zip 33435	Country	Zip 33426	Country US
--------------	---------	--------------	---------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

ACCURAE ACCOUNTING & TAX AFFILIATES 660 LINTON BLVD. STE. #207 DELRAY BEACH, FL 33444
--

Name ACCURATE ACCOUNTING AFFILIATES, INC.
Street Address (P.O. Box Number is Not Acceptable)
1101 N. CONGRESS AVE. #204
City BOYNTON BEACH
State FL
Zip Code 33426

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 *By Z. M. CPA* DATE 01-10-05  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
----------------------------	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISCOMI, BILL 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEARY, HENRY 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <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	SD HOHIL, CATHLEEN 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEMEINHARDT, PAUL 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <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	D HOHIL, RAY 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OCEAN RIDGE, FL 33435
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)(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: *Paul Gemeinhardt* Date Jan 15, 2005 Daytime Phone # (772) 220-9147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40003716



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1589541	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------