


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

Ocean Monarch Cont

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90103 021 \*\*\*\*61.25

<b>DOCUMENT # 709539</b>		
1. Entity Name <b>THE OCEAN MONARCH CONDOMINIUM INC.</b>		
Principal Place of Business 133 N POMPANO BCH POMPANO BCH, FL 33062 US		Mailing Address P.O. BOX 189013 PLANTATION, FL 33318 US
2. Principal Place of Business		3. Mailing Address <b>C/O CASTLE GROUP</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. BOX 559009</b>
City & State		City & State <b>FT. LAUDERDALE, FL</b>
Zip	Country	Zip Country <b>33355-9009</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>ROBERT KAYE &amp; ASSOC., P.A.</b> 6261 NW 6TH WAY STE. 103 FORT LAUDERDALE, FL 33309		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREANEP, TIMOTHY 133 N POMPANO BEACH BLVD., #109 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		vpd GREENUP, TIMOTHY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLO, VINCET <input checked="" type="checkbox"/> Delete 133 N POMPANO BEACH BLVD., #601 POMPANO BCH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		STD BELESKI, MELISSA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 133 N. POMPANO BEACH BLVD. #302 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARGAN, JULIA <input type="checkbox"/> Delete 133 N POMPANO BEACH BLVD., #502 POMPANO BCH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINARDI-THOMAS, MARY LOU L <input checked="" type="checkbox"/> Delete 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		D RIFENBURGH, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 133 N. POMPANO BEACH BLVD. #PH1&3 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODETTE, SOUSA <input type="checkbox"/> Delete 133 N POMPANO BEACH BLVD. POMPANO BCH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		SOUSA, ODETTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINSON, ROBERT <input type="checkbox"/> Delete 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL	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.		
<b>SIGNATURE:</b> <i>Julia Dargan</i> <b>JULIA DARGAN, PRESIDENT</b>		<i>April 26, 2005</i> <b>254-949201</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>