


## Ocean Monarch Conc

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

<b>DOCUMENT # 709539</b>				05-04-2005 90103 021 ***61.25	
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 C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009 City & State FT. LAUDERDALE, FL Zip 33355-9009		03082005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		City & State		4. FEI Number 59-1164790	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOC., P.A. 6261 NW 6TH WAY STE. 103 FORT LAUDERDALE, FL 33309		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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 133 N POMPANO BEACH BLVD., #601 POMPANO BCH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELESKI, MELISSA 133 N. POMPANO BEACH BLVD. #302 POMPANO BEACH, FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARGAN, JULIA 133 N POMPANO BEACH BLVD., #502 POMPANO BCH, FL 33062 <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	VPD LINARDI-THOMAS, MARY LOU L 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIFENBURGH, RICHARD 133 N. POMPANO BEACH BLVD. #PH1&3 POMPANO BEACH, FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODETTE, SOUSA 133 N POMPANO BEACH BLVD. POMPANO BCH, FL 33062 <input type="checkbox"/> Delete	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 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL <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: <u>Julia Dargan</u> JULIA DARGAN, RESIDENT April 26, 2005 954-949207					