## 2005 NOT-FOR-PROFIT CORPORATION

## **FILED** Sep 09, 2005 8:00 am

ANNUAL REPORT						Secretary of State				
DOCUMENT # N9600001843  1. Entity Name OCEAN RIDGE HOMEOWNERS ASSOCIATION OF MELBOURNE BEACH, INC.							9-09-2005 9	•		
PO BOX 510	ce of Business 0402 E BEACH, FL 3299	51 US	Mailing Address PO BOX 510402 MELBOURNE BEACH, FL 32951 US			; 50066039				
			3. Mailing Address  200 North First Street							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			]	hg-NP	CR2E037 (	10/03)	
City & State			Coco Beach Florida		4. FEI Number 34-183110	)9		<b>─</b>	plied For t Applicable	
Zip			Zip 3 2 2 3 /	2931 USA		5. Certificate of S		Fee	.75 Add Required	
	6. Name and	Address of Current R	egistered Agent			7. Name and Add	iress of New Ro	egistered Age	nt	
MCCULLOH, NEAL 1065 MAITLAND CTR. COMMONS BLVD. MAITLAND, FL 32751					ame reet Address (	P.O. Box Number is	Not Acceptable	 )		
	10		Ci	ty	FL Zip Code					
the obligated in the state of t	tions of registered a	agent.  ad name of registered agent an	<u> </u>	OTE: Registered Ager	nt signature requirec			DATE ake check pa		
	ue by Septem	ber 7, 2005	d Contribution.		Added to Fees Florida Department of State					
10.	1	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	S AND DIREC	TORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP	DG ROBERTSON, 193 SAMIBAL MELBOURNE		Detete	TITLE NAME STREET ADD CITY-ST-ZI					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>[</del>		□ Delete	TITLE NAME STREET ADD CITY-ST-ZI					Change	Addition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	<del> </del>		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	T .				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEWEL, LARR' 240 OCEAN RI MELBOURNE		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNOSSON, 254 CAPTIVA ( MELBOURNE)		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				Ö	Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADD	PRESS				Change	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.

CITY-ST-ZIP

SIGNATURE: 5

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

784-1387