2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44216

FILED Apr 18, 2007 Secretary of State

Entity Name: 1500 OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Princi	New Principal Place of Business:		
	CEAN BLVD. D BEACH, FL	33062	US				
Current Mailing Address:				New Mailir	New Mailing Address:		
	CEAN BLVD. D BEACH, FL	33062	US				
FEI Number:	65-0235506	FEI Nu	mber Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and	Address of	Current I	Registered Agent:	Name and	Address of New Registered Agent:		
1500 N OC 405	ROLAND T CEAN BLVD D BEACH, FL	33062 L	JS				
	named entity e of Florida.	submits	this statement for the p	ourpose of changing it	s registered office or registered agent, or both,		
SIGNATUR	RE:						
	Electro	nic Signa	ture of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (GIFFORD, RO 1500 N. OCEA POMPANO BO	N BLVD. #		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	V (FIORETTI, DIA) Delete NA M		Title: Name:	() Change () Addition		
Address: City-St-Zip:	1500 N OCEAI POMPANO BE			Address: City-St-Zip:			
Address:	POMPANO BE	ACH, FL 3) Delete S L N BLVD # 2	33062 US 204		()Change()Addition		
Address: City-St-Zip: Title: Name: Address:	POMPANO BE P (FRITTS, JAME 1500 N OCEAL POM PANO BE	ACH, FL 3) Delete SS L N BLVD # 2 EACH, FL 3) Delete INE N BLVD # 8	33062 US 204 333062 US	City-St-Zip: Title: Name: Address:	() Change () Addition T (X) Change () Addition BRANCATELLI, GRACE 6862 GRENELEFE RD BOYNTON BEACH, FL 33437 US		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND T GIFFORD D 04/18/2007