
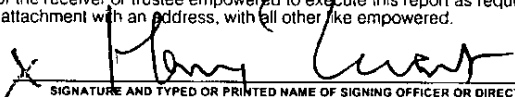


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90418 005 ****61.25

DOCUMENT # N00000002714 1. Entity Name FLORES OCEAN SUITES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 443 JOHNSON AVENUE CAPE CANAVERAL, FL 32920			Mailing Address 200 N FIRST STREET COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3645447	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIGERMAN, MARILYN A 200 N FIRST STREET COCOA BEACH, FL 32931				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, 2007		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	DP CROLEY, AMELIA 443 JOHNSON AVENUE 304 CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANS ZWART 403 443 JOHNSON AVE CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABUDIATUKIS, TASSES 443 JOHNSON AVE CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DYANN EDDIS #302 443 JOHNSON AVE CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KARBLER, MARTHA 443 JOHNSON AVE CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date march 23-07		