

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90053 049 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 734431**

1. Entity Name  
**OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC.**



Principal Place of Business  
**200 OCEAN TRAIL WAY  
JUPITER, FL 33477**

Mailing Address  
**200 OCEAN TRAIL WAY  
#200  
JUPITER, FL 33477**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-1721857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGUS, STEVE  
1430 COMMERCE LANE  
STE 1  
JUPITER, FL 33458**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

I, the above named entity, submit 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 P  
NAME FOLEY, EDWARD ☐ Delete  
STREET ADDRESS 200 OCEAN TRAIL #510  
CITY-STATE-ZIP JUPITER, FL 33477

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D  
NAME YARJANIAN, ARA ☒ Delete  
STREET ADDRESS 200 OCEAN TRAIL WAY  
CITY-STATE-ZIP JUPITER, FL 33477

TITLE D  
NAME John Lengen  
STREET ADDRESS 200 Ocean Trail Way  
CITY-STATE-ZIP Jupiter, FL 33477 ☐ Change ☒ Addition

TITLE D  
NAME PANZACA, SAMUEL ☐ Delete  
STREET ADDRESS 200 OCEAN TRAIL WAY, SUITE 706  
CITY-STATE-ZIP JUPITER, FL 33477

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D  
NAME DORR, RONALD ☒ Delete  
STREET ADDRESS 200 OCEAN TRAIL #409  
CITY-STATE-ZIP JUPITER, FL 33477

TITLE V  
NAME Ronald DORR  
STREET ADDRESS 200 Ocean Trail Way  
CITY-STATE-ZIP Jupiter FLA 33477 ☒ Change ☐ Addition

TITLE D  
NAME STEVENS, JAY ☐ Delete  
STREET ADDRESS 200 OCEAN TRAIL WAY #704  
CITY-STATE-ZIP JUPITER, FL 33477

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D  
NAME BURN, CHARLEE ☒ Delete  
STREET ADDRESS 200 OCEAN TRAIL #610  
CITY-STATE-ZIP JUPITER, FL 33477

TITLE S  
NAME Charlee Burns  
STREET ADDRESS 200 Ocean Trail  
CITY-STATE-ZIP Jupiter, FL 33477 ☒ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/08 561-747-1470