

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90238 001 \*1,350.00

**DOCUMENT # 265671**

1. Entity Name  
**OCEAN HOUSE NORTH INC**



Principal Place of Business  
**6861 NORTH OCEAN BLVD  
OCEAN RIDGE, FL 33445**

Mailing Address  
**6861 NORTH OCEAN BLVD  
OCEAN RIDGE, FL 33445**

66410000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-1088074**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FARR, MARY LOU  
6849 N OCEAN BLVD  
OCEAN RIDGE, FL 33435**

7. Name and Address of New Registered Agent

Name  
**HARRISON, CAROL GENERAL MANAGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**Ocean Ridge Management, Inc.  
6849 North Ocean Blvd.  
Ocean Ridge, FL 33435**  
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 **CAROL HARRISON GENERAL MANAGER** DATE **4-23-04**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ASAT ☒ Delete  
NAME FARR, MARY LOU  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL

TITLE PD ☒ Delete  
NAME LUNE, EUGENE  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 33433

TITLE D ☐ Delete  
NAME KINDEL, E.E.  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VD ☐ Delete  
NAME SLINEY, DAVID  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE TD ☒ Delete  
NAME STENSON, WILLIAM  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D ☒ Delete  
NAME DEANE, DOROTHY  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECRETARY ☐ Change ☒ Addition  
NAME ANDRAS, JOAN  
STREET ADDRESS 6849 N Ocean Blvd.  
CITY-ST-ZIP Ocean Ridge, FL 33435

TITLE VICE PRESIDENT, TREASURER ☐ Change ☒ Addition  
NAME BATES, ED + DIRECTOR  
STREET ADDRESS (same address as above)  
CITY-ST-ZIP

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME KINDEL, E.A. (DR.)  
STREET ADDRESS 6849 N Ocean Blvd.  
CITY-ST-ZIP Ocean Ridge, FL 33435

TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition  
NAME SLINEY, DAVID  
STREET ADDRESS 6849 N Ocean Blvd.  
CITY-ST-ZIP Ocean Ridge, FL 33435

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME WILBUR, JOHN  
STREET ADDRESS (same address as above)  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME FLANNERY, JOSEPH  
STREET ADDRESS (same address as above)  
CITY-ST-ZIP

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 607, 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: **Joan Andras**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOAN ANDRAS, SECRETARY**  
**6849 North Ocean Blvd.**  
**Ocean Ridge, FL 33435**  
Telephone # **813-737-6778**