


**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 # 339454			
1. Entity Name 6823 CORPORATION <i>Manors</i>		Principal Place of Business 6823 N OCEAN BLVD OCEAN RIDGE, FL 33435	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6823 N OCEAN BLVD OCEAN RIDGE, FL 33435	
City & State		City & State	
Zip	Country	Zip	Country
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: <i>HARRISON, CAROL GENERAL MANAGER</i> Street Address (P.O. Box Number is Not Acceptable): <i>OCEAN RIDGE MANAGEMENT, INC.</i> <i>6849 N. OCEAN BLVD.</i> City: <i>OCEAN RIDGE</i> FL Zip Code: <i>33435</i>	
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: <i>Carol Harrison</i> <i>CAROL HARRISON GENERAL MANAGER</i> 4-23-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: SAT NAME: FARR, MARY LOU STREET ADDRESS: 6849 N. OCEAN BLVD. CITY-ST-ZIP: OCEAN RIDGE, FL 00000.	<input checked="" type="checkbox"/> Delete	TITLE: <i>SECRETARY</i> NAME: <i>ANDRAS, JOAN</i> STREET ADDRESS: <i>6849 N. OCEAN BLVD.</i> CITY-ST-ZIP: <i>OCEAN RIDGE, FL 32435</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: TOD, DAVID STREET ADDRESS: 6849 N OCEAN BLVD CITY-ST-ZIP: OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete <i>(Do NOT DELETE!)</i>	TITLE: <i>TREASURER/DIRECTOR</i> NAME: <i>VALENTINE, HENRY</i> STREET ADDRESS: <i>(SAME ADDRESS AS ALL)</i> CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: PERKINS, JOHN STREET ADDRESS: 6849 N OCEAN BLVD CITY-ST-ZIP: OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE: <i>DIRECTOR</i> NAME: <i>CUTTING, JOHN (MRS.)</i> STREET ADDRESS: <i>(SAME ADDRESS AS ALL)</i> CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: AHLEFELDT, LOUISE STREET ADDRESS: 6849 N. OCEAN BLVD CITY-ST-ZIP: OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE: <i>VICE PRESIDENT &amp; DIRECTOR</i> NAME: <i>AHLEFELDT, LOUISA</i> STREET ADDRESS: <i>(SAME ADDRESS AS ALL)</i> CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OLD, JONATHAN STREET ADDRESS: 6849 N OCEAN BLVD CITY-ST-ZIP: BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE: <i>DIRECTOR</i> NAME: <i>OLD, JONATHAN</i> STREET ADDRESS: <i>6849 N. OCEAN BLVD.</i> CITY-ST-ZIP: <i>OCEAN RIDGE FL 33435</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Joan Andras</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>JOAN ANDRAS 4-23-04</i> 561-737-6770 <small>Date Daytime Phone #</small> <i>SECRETARY</i> <i>OCEAN RIDGE MANAGEMENT, INC.</i>	

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02232004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1320328 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required