


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 703200	
1. Entity Name OCEAN TERRACE CONDOMINIUM ASSOCIATION OF NAPLES, INC.	

Principal Place of Business 1500 GULF SHORE BLVD. N. NAPLES, FL 34102 US	Mailing Address 1250 TAMiami TRAIL NORTH 211 NAPLES, FL 34102 US
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04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1160697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MONGILLO, KRAUSE LLP
1250 TAMiami TRAIL NORTH #211
NAPLES, FL 34102**

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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 _____
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000518860 05/02/06-80024-015 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IORIO, JENNIFER 1500 GULF SHORE BLVD. N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JOHN 1500 GULF SHORE BLVD. N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALDSON, BILL 1500 GULF SHORE BLVD NO NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWALLEN, ANNE 1500 GULF SHORE BLVD. N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, NORMA 1500 GULF SHORE BLVD. N NAPLES, FL 34102
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: Jennifer Iorio **4-17-06 954-753-1423**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #