


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90273 034 \*\*\*\*61.25

<b>DOCUMENT # 703200</b> 1. Entity Name <b>OCEAN TERRACE CONDOMINIUM ASSOCIATION OF NAPLES, INC.</b>					
Principal Place of Business <b>1500 GULF SHORE BLVD. N. NAPLES, FL 34102 US</b>			Mailing Address <b>1250 TAMiami TRAIL NORTH 211 NAPLES, FL 34102 US</b>		
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	4. FEI Number <b>59-1160697</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MONGILLO, KRAUSE LLP 1250 TAMiami TRAIL NORTH #211 NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <b>SCULLIN &amp; SOBELMAN, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1250 TAMiami TRAIL N #211</b> City <b>NAPLES</b> FL Zip Code <b>34102</b>		
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 <u><i>Scullin &amp; Sobelman PA</i></u> <span style="float: right;">4/18/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>IORIO, JENNIFER</b> <b>1500 GULF SHORE BLVD. N</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SMITH, JOHN</b> <b>1500 GULF SHORE BLVD N.</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DONALDSON, BILL</b> <b>1500 GULF SHORE BLVD NO</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>LEWALLEN, ANNE</b> <b>1500 GULF SHORE BLVD. N</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CLARK, NORMA</b> <b>1500 GULF SHORE BLVD. N</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Jennifer Iorio</i></u> <b>JENNIFER I IORIO</b> <span style="float: right;">4/21/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					

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