2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718731

Entity Name: ORMOND-BY-THE-SEA ASSOCIATION, INC.

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	ANSHORE BI BEACH, FL						
Current Mailing Address:				New Mailing Address:			
	ANSHORE BL BEACH, FL						
FEI Number	: 59-2314359	FEI Number Applied For()	FEI Nun	nber Not Appl	icable()	Certificate of Status D	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FIRKER, EARL 1601 OCEAN SHORE BLVD, #103 ORMOND BEACH, FL 32176 US				FIRKEL, EARL 1601 OCEAN SHORE BLVD, #103 ORMOND BEACH, FL 32176 US			
The above in the State	named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered	d office or registered ag	gent, or both,
SIGNATURE: EARL FIRKEL				01/07/2004			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGE	S TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	PD (HOBBS, JULIU 2602 DORENE PLANT CITY, F	DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (LOCKWOOD, 6495 WHITE N WESTMINISTE	IILL RD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BRADSHAW, H 504 SILO VIEW WOODSTOCK	V COURT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HOONETT, MO 6767 BLACK T RIVERDALE, O	WIG COURT		Title: Name: Address: City-St-Zip:	HODNETT, M	TWIG COURT	
Title: Name: Address: City-St-Zip:	D (MOORE, MICH 9411 GRACE I DOUGLASVILI	_AKE DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ROBERTS, MA	SHORE BLVD, #106		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIUS HOBBS PD 01/07/2004