2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90078 037 ****61.25

400425?4

DOCUMENT # 723149

1. Entity Name
OCEAN BAY CLUB CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
5555 N OCEAN BLVD #9 FT LAUDERDALE, FL 33308 US	5555 N OCEAN BLVD #9 FT LAUDERDALE, FL 33308 US

02222008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Benchmark Property Mgnt	c/o Benchmark Property Mgnt
Suite, Apt. #, etc. 7932 Wiles Road	Suite, Apt. #, etc. 7932 Wiles Road
City & State Coral Spnngs	City & State Coral Spnngs
Zip 33067 Country USA	Zip 33067 Country USA

4. FEI Number 59-1445439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD CORAL SPRINGS, FL 33067	Name: Robert Kaye + Associates, P.A. Street Address (P.O. Box Number is Not Acceptable): 2601 NW 6th Way Suite 103 City: Ft. Lauderdale FL Zip Code: 33309

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: Robert Kaye President 3.7.08
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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMONELL, MICHAEL 5555 N OCEAN BLVD., #9 FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZINK, Georgine 5555 N. Ocean Blvd. #57 Ft. Lauderdale FL 33308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAPOZOLLI, BARBARA 5555 N OCEAN BLVD., #16 FORT LAUDERDALE, FL 33308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Capozolli, Barbara 5555 N. Ocean Blvd. #16 Ft. Lauderdale FL 33308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOSANOVIC, LISA 5555 N. OCEAN BLVD #87 FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Clemens, David John 5555 N. Ocean Blvd. #1 Ft. Lauderdale FL 33308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KINGSTON, SALLY 5555 N. OCEAN BLVD #31 FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMINS, CAROL 5555 OCEAN BLVD., #1 FT LAUDERDALE, FL 33308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Michael Simonelli Pres. 3.5.08 954.786.8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #