2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723731

FILED Apr 14, 2006 Secretary of State

Entity Name: THIRD OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
2001 9TH / 308	AVE						
	ACH, FL 32960)					
Current M	ailing Addres	s:	New Mail	New Mailing Address:			
2001 9TH / 308 VERO BE/	AVE ACH, FL 32960)					
FEI Number:	59-1525258	FEI Number Applied For ()	FEI Number Not App	plicable ()	Certificate of Status Desire	d()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of	New Registered Agent:		
2001 9TH A							
	named entity s of Florida.	submits this statement for the pu	urpose of changing	its registered	office or registered agent,	or both,	
SIGNATUF	RE:						
Electronic Signature of Registered Agent					Date		
OFFICERS AND DIRECTORS:				NS/CHANGES	S TO OFFICERS AND DIF	RECTORS:	
Title: Name: Address: City-St-Zip:	TD () SIMMENS, ALLI 4450 N. A1A #2 VERO BEACH,	04	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	S () CAPOZZOLI, EI 4450 NORTH A' VERO BEACH,	1A, #306	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () CAPAZOLI, FRE #104, 4450 NOI VERO BEACH,	RTH AIA	Title: Name: Address: City-St-Zip:	CURZIO, CAS #204, 4450 NO	ORTH AIA		
Title: Name: Address: City-St-Zip:	PD () CAPOZZOLI, FI 4450 NORTH A VERO BEACH,	1A, #306	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () MAHENDRA, PA 106 4450 NORT VERO BEACH,	TH AIA	Title: Name: Address: City-St-Zip:	D () LIEBECK, MIC #103 4450 NC VERO BEACH	ORTH AIA		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: FRED CAPOZZOLI PD 04/14/2006