


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90006 037 \*\*\*\*61.25

<b>DOCUMENT # 724279</b>					
1. Entity Name <b>OCEAN BEACH ASSOCIATION, INC.</b>					
Principal Place of Business <b>3500 S OCEANSIDE BLVD FLAGLER BEACH, FL 32136</b>			Mailing Address <b>3500 S OCEANSIDE BLVD FLAGLER BEACH, FL 32136</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1567017</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF PA 2500 MAITLAND CENTER PARKWAY, SUITE 209 C/O JOHN CHRISRENSSEN, ESQ. MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 <i>Ronald J Cacciola</i> <b>RONALD J CACCIOLA / PROPERTY MANAGER 8-8-06</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	S	<input type="checkbox"/> Delete			
NAME	PLATT, STEVE				
STREET ADDRESS	142 THOMAS CRES				
CITY- ST- ZIP	NEWMARKET ONT, CANADA, L3Y 1E1				
TITLE	V	<input type="checkbox"/> Delete			
NAME	SMITH, JAMES				
STREET ADDRESS	1219 WARREN HALL LANE				
CITY- ST- ZIP	ATLANTA, GA 30319				
TITLE	T	<input type="checkbox"/> Delete			
NAME	GOSMA, JAMES				
STREET ADDRESS	12 AUGUSTA-TRAIL				
CITY- ST- ZIP	PALM COAST, FL 32137				
TITLE	P	<input type="checkbox"/> Delete			
NAME	O'CONNOR, KEVIN				
STREET ADDRESS	3500 S OCEANSIDE BLVD #404				
CITY- ST- ZIP	FLAGLER BEACH, FL 32136				
TITLE	D	<input type="checkbox"/> Delete			
NAME	LIVADITIS, GUS				
STREET ADDRESS	750 AMBERTON CLOSE				
CITY- ST- ZIP	SUWANEE, GA 30024				
TITLE	O	<input type="checkbox"/> Delete			
NAME	DARROW, MARIE				
STREET ADDRESS	3500 S OCEANSIDE BLVD				
CITY- ST- ZIP	FLAGLER BEACH, FL 32136				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: <i>Gus Livaditis</i> <b>Gus Livaditis 8-8-06 770 932 5533</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

