

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90002 022 \*\*\*\*70.00

<b>DOCUMENT # 725639</b> 1. Entity Name <b>OCEAN HARBOR ASSOCIATION, INC.</b>					
Principal Place of Business <b>800 SOUTH OCEAN BLVD. DEERFIELD BEACH, FL 33441</b>				Mailing Address <b>800 SOUTH OCEAN BLVD. DEERFIELD BEACH, FL 33441</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>59-1465544</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ENGESATH, DAVE 1101-800 SOUTH OCEAN BLVD OCEAN HARBOR CONDOMINIUM DEERFIELD BEACH, FL 33441</b>				Name <b>John Carrig</b> Street <b>800 S. Ocean Blvd. #608</b> City <b>Deerfield Beach, FL 33441</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>John P. Carrig</i></u> <u><i>JOHN P. CARRIG</i></u> <u><i>President</i></u> <u><i>7/25/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ENGESATH, DAVE 1101-800 SOUTH OCEAN BLVD DEERFIELD BEACH, FL 33441</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D John Carrig 800 S. Ocean Blvd. #608 Deerfield Beach, FL 33441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PARAMENTER, NORMAN 709-800 SOUTH OCEAN BLVD DEERFIELD BEACH, FL 33441</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D Dwayne Hoyer 800 S. Ocean Blvd. #806 Deerfield Beach, FL 33441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DENKER, PATRICIA 204-800 SOUTH OCEAN BLVD DEERFIELD BEACH, FL 33441</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D Maryl Heinle 800 S. Ocean Blvd. #701 Deerfield Beach, FL 33441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PFEIFFER, MATHEW 602-800 S OCEAN BLVD. DEERFIELD BCH, FL 33441</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D Allan Furman 800 S. Ocean Blvd. #502 Deerfield Beach, FL 33441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD WAHALA, JAYE 712-800 SOUTH OCEAN BLVD DEERFIELD BEACH, FL 33441</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Barbara Leonidas 800 S. Ocean Blvd. #803 Deerfield Beach, FL 33441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>John P. Carrig</i></u> <u><i>JOHN P. CARRIG</i></u> <u><i>President</i></u> <u><i>7/25/06</i></u> <u><i>954427-0800</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50024029**



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