


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90184 033 ****61.25

DOCUMENT # 727684		
1. Entity Name OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 5500 OLD OCEAN BLVD BOYNTON BEACH, FL 33435 US	Mailing Address 1101 N. CONGRESS AVE. #204 BOYNTON BEACH, FL 33426 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address John Porter Accounting 400 S. Federal Hwy. • Suite 404 Boynton Beach, FL 33435 City & State Zip
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60022492

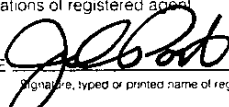


02212006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1589541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ACCURTAE ACCOUNTING & TAX AFFILIATES 1101 N. CONGRESS AVE. STE. #204 BOYNTON BEACH, FL 33426	7. Name and Address of New Registered Agent Name: John Porter Accounting Street Address (P.O. Box Number is Not Acceptable): 400 S. Federal Hwy. • Suite 404 City: Boynton Beach, FL 33435 City: FL Zip Code
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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.

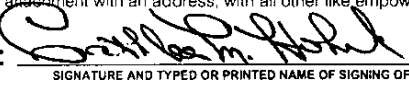
SIGNATURE:  DATE: **02/21/06**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VISCOMI, BILL 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Anthony Sanseverino 5500 Old Ocean Blvd Ocean Ridge, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LEARY, HENRY 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ED Rosmarin 5500 Old Ocean Blvd Ocean Ridge, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VISCOMI, ROSEMARIE 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Daniel Gleason 5500 Old Ocean Blvd Ocean Ridge, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GEMEINHARDT, PAUL 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Kathleen Hohil 5500 Old Ocean Blvd Ocean Ridge, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOYLE, KEVIN 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Steven Turner 5500 Old Ocean Blvd. Ocean Ridge, FL 33435 <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	D John Porter 400 S Fed Hwy Ste. 404 Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" 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:  DATE: **2/21/06** (516) NY-WORK# 742-2500 EXT 114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kathleen M. Hohil 2006 SECRETARY