

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # 727684</b><br>1. Entity Name<br><b>OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.</b>   |   |   |   |  |  |
| Principal Place of Business<br><b>5500 OLD OCEAN BLVD<br/>BOYNTON BEACH, FL 33435 US</b>   |   |   | Mailing Address<br><b>C/O JOHN PORTER ACCOUNTING<br/>400 S FEDERAL HWY STE 404<br/>BOYNTON BEACH, FL 33435 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   |  |  |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br><b>59-1589541</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHN PORTER ACCOUNTING<br/>JOHN PORTER ACCOUNTING<br/>400 S FEDERAL HWY STE 404<br/>BOYNTON BEACH, FL 33435</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>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>   |   |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SANSEVEPINO, ANTHONY<br>5500 OLD OCEAN BLVD<br>BOYNTON BEACH, FL 33435 | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>U00000680219</b><br/> <b>04/03/07-80070-005 61.25</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>ROSMARIN, ED<br>5500 OLD OCEAN BLVD<br>BOYNTON BEACH, FL 33435        | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>GLEASON, DONALD<br>5500 OLD OCEAN BLVD<br>OCEAN RIDGE, FL 33435        | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>HOHIL, KATHLEEN<br>5500 OLD OCEAN BLVD<br>OCEAN RIDGE, FL 33435        | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>TURNER, STEVEN<br>5500 OLD OCEAN BLVD<br>OCEAN RIDGE, FL 33435         | <input type="checkbox"/> Delete   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PORTER, JOHN<br>400 S FEDERAL HWY STE 404<br>BOYNTON BEACH, FL 33435   | <input type="checkbox"/> Delete   |   | <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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <b>John Porter</b> <div style="float: right; text-align: right;"> <b>2-9-07 561-752-5994</b> </div>  |   |   |   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |   |  |  |