


FILED
May 22, 2008 8:00 am
Secretary of State

b0043215

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
C/O JOHN PORTER ACCOUNTING
400 S FEDERAL HWY STE 404
BOYNTON BEACH, FL 33435 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

JOHN PORTER ACCOUNTING
JOHN PORTER ACCOUNTING
400 S FEDERAL HWY STE 404
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANSEVEPINO, ANTHONY 5500 OLD OCEAN BLVD BOYNTON BEACH, FL 33435	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSMARIN, ED 5500 OLD OCEAN BLVD BOYNTON BEACH, FL 33435	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLEASON, Daniel 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOHIL, KATHLEEN 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, STEVEN 5500 OLD OCEAN BLVD OCEAN RIDGE, FL 33435	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, JOHN 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 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: Dir. 4/29/08
SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #