## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 729515** 

FILED Apr 28, 2008 Secretary of State

Entity Name: NUMBER ONE NORTH OCEAN ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 150 NORTH OCEAN BLVD. PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 150 NORTH OCEAN BLVD. PALM BEACH, FL 33480 FEI Number: 59-1638486 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EPPLER, HEINZ 150 N OCEAN BLVD PALM BEACH, FL 33480 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete GURWIN, JOSEPH EPPLER, HEINZ Name: Name: 150 NO. OCEAN BLVD., #403 Address: 150 NO. OCEAN BLVD., #403 Address: City-St-Zip: PALM BEACH, FL City-St-Zip: PALM BEACH, FL Title: TD Title: D ( ) Delete (X) Change ( ) Addition EPPLER, HEINZ Name: LEIB, ALDEN Name: Address: 150 N OCEAN BLVD Address: 150 N OCEAN BLVD City-St-Zip: PALM BEACH, FL City-St-Zip: PALM BEACH, FL Title: **VPSD** () Delete Title: () Change () Addition BLACKMAN, MARTIN Name: Name: Address: 150 N OCEAN BLVD. Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: ( ) Delete Title: D Title: (X) Change ( ) Addition Name: LEIB, ALDEN Name: ZELNICK, MARILYN 150 N OCEAN BLVD Address: 150 N OCEAN BLVD Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: ( ) Change (X) Addition GURWIN, PHYLLIS Name: Name: 150 NORTH OCEAN Address: Address: City-St-Zip: City-St-Zip: PALM BEACH,, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS GURWIN D 04/28/2008