

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90232 050 \*\*\*\*70.00



**DOCUMENT # 731578**  
 1. Entity Name  
**OCEAN HOUSE SOUTH ONE, INC.**

Principal Place of Business Mailing Address  
~~1200 U.S. HWY 1 SUITE E N PALM BEACH FL 33408~~  
~~1200 U.S. HWY 1 SUITE E N PALM BEACH FL 33408~~



2. Principal Place of Business 3. Mailing Address  
**11160 TURTLE BEACH Rd** **11160 Turtle Beach Rd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**LOST TREE VILLAGE** **Lost Tree Village**

1st MOORE CR2E037 (10/04)

City & State City & State  
**North Palm Beach, FL** **North Palm Beach, FL**  
 Zip Country Zip Country  
**33408 Palm Beach** **33408 Palm Beach**

4. FEI Number **59-1630799** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**OPC MANAGEMENT, INC F. E. Schmitt, President**  
**1200 U.S. HIGHWAY 1 SUITE E N. PALM BEACH FL 33408**

7. Name and Address of New Registered Agent  
 Name **F. E. Schmitt, PRESIDENT**  
 Street Address (P.O. Box Number is Not Acceptable) **11160 TURTLE BEACH Rd**  
**LOST TREE VILLAGE**  
 City **N. Palm Beach** FL Zip Code **33408**

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  *F. E. Schmitt* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25 + \$8.75**  
**Due By May 1, 2005**

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	<del>PO TURNER, JOHN C. 11188 TURTLE BEACH RD. NORTH PALM BEACH FL</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCER, SUSAN 11188 TURTLE BCH RD N PALM BCH FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD O'CONNOR, THOMAS D 11202 TURTLE BEACH RD NORTH PALM BEACH FL 33408</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>R SCHMITT, F. EUGENE 11188 TURTLE BEACH ROAD NORTH PALM BEACH FL 33408</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, BERNARD 11202 TURTLE BCH RD NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>F. E. Schmitt</b> <b>11188 TURTLE BEACH Rd 203A</b> <b>North Palm Beach, FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/TREAS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>301A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Philip M. Hogan</b> <b>11188 TURTLE BEACH Rd. 103A</b> <b>North Palm Beach, FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James M. Kervy</b> <b>11188 Turtle Beach, Rd 202A</b> <b>North Palm Beach, FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Assist Sec/Treas</b> <b>Marcella Brown</b> <b>281 Sussex Cr.</b> <b>Fortiester, FL 33458</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changes empowered.

SIGNATURE: *F. E. Schmitt* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #