2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #731578

OCEAN HOUSE SOUTH ONE, INC.



FILED

Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90193 024 ****61.25

				TAGE				
11160 TURTLE BEACH ROAD 111 LOST TREE VILLAGE LOS		LOST TREE VILLAGE	11160 TURTLE BEACH ROAD			: IOH EIGH GIGH EIGH GIGH GIGH GIGH		
Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6 Chg-NP	CR2E037 (11/05)		
City & State		City & State	City & State		mber 630799	<u> </u>	plied For at Applicable	
Zip	Zip Country		ip Country		5. Certificate of Status Desired			
	6. Name and Address of Current Re	gistered Agent		7. Name	and Address of Ne	w Registered Agent		
SCHMITT, F E 11160 TURTLE BEACH ROAD			Name Street Ac	Name Street Address (P.O. Box Number is Not Acceptable)				
LOST TREE VILLAGE N. PALM BEACH, FL 33408								
N. FALIN C	SEACH, FE 33400		City			FL Zip Cod	e	
	named entity submits this statement for to ions of registered agent. Signature, typed or printed name of registered agent and			re required when reinstating		DATE	and accept	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		ıy Be es F	Make check payable to lorida Department of S		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P SCHMITT, F E 11188 TURTLE BEACH RD. NORTH PALM BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SPENCER, SUSAN 11160 TURTLE BEACH ROAD #30 N PALM BCH, FL 33408	Delete D1A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John (11188 Tu). Wyn	Change Change sch fol.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOGAN, PHILIP M 11160 TURTLE BEACH ROAD #10 NORTH PALM BEACH, FL 33408	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNY, JAMES M 11160 TURTLE BEACH ROAD 202 NORTH PALM BEACH, FL 33408	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALDWIN, BERNARD 11202 TURTLE BCH RD NORTH PALM BEACH, FL 33408	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP	ASAT BROWN, MARCELLA 281 SUSSEX CIRCLE	☐ Delete	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: Variable Brown Ossist

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR marcella Braun