2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED May 05, 2008 8:00 am Secretary of State

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DOCUMENT # 731578 1. Entity Name OCEAN HOUSE SOUTH ONE, INC.								••			-	029 ****61	
OCEAN F	HOUSE S	OUTH ONE, INC.											
Principal Place of Business 11160 TURTLE BEACH ROAD LOST TREE VILLAGE N PALM BEACH, FL 33408			Mailing Address 11160 TURTLE BEACH ROAD LOST TREE VILLAGE N PALM BEACH, FL 33408				4900 		• • • • • • • • • •	11 B1841 B1811	BIGII BIGII GIGII GIG	(41) 4 1 1861	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt, #, etc.			Suite, Apt. #, etc.				01082008	Chg-l	NP	CR2E	E037 (12/06)		
City & State			City & State					4. FEI Number Applied For 59-1630799 Not Applicable					
Zip		Country	Zip		Cou	untry		5. Certifica				\$8.75 Add Fee Require	
	6. Name	and Address of Current R	Registere	d Agent		Name		7. Name ar	d Addres	S OT NEW I	Registere	d Agent_	
SCHMITT, 11160 TUF LOST TRE N. PALM B	RTLE BEA	βĘ					ddress (F	P.O. Box Num	ber is Not	Acceptabl	e)		
	•					City		•			F	Zip Cod	e
	named entititions of regist	y submits this statement for ered agent.	the purp	ose of changing its	register	ed office o	r register	ed agent, or b	oth, in the	State of FI	orida. I a	ım familiar with,	and accept
	Signature, typed	or printed name of registered agent as	nd title if app	plicable. (NOTE	: Registere	d Agent signa	ture required	when reinstating)			DAT	<u>-</u>	
-	Filing Fe	or printed name of registered agent at e is \$61.25 lay 1, 2008	nd title if app	9. Election Can Trust Fund C	npaign F	inancing	ture required	\$5.00 May Added to Fee			Make che	eck payable to	
10.	Filing Fe	e is \$61.25		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Added to Fee	ıs,	Flo	lake che rida Dep	eck payable t	tate
10. TITLE	Filing Fe Due by M	e is \$61.25 lay 1, 2008 OFFICERS AND DIRI		9. Election Can Trust Fund C	npaign F Contribut	inancing		\$5.00 May Added to Fee	ıs,	Flo	lake che rida Dep	eck payable to	tate
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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: Marcella Brown Osset So Traces 4/16/08 561-636-6393