

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90110 029 \*\*\*\*61.25

**DOCUMENT # 731965**

1. Entity Name  
100 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1 TURTLE BEACH ROAD  
VERO BEACH, FL 32963

Mailing Address  
1 TURTLE BEACH ROAD  
VERO BEACH, FL 32963

**60026522**



03012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1650181		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BARKER, JOHN E 1 TURTLE BEACH ROAD VERO BCH, FL 32963				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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, 2006**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTLETT, RALPH T.			NAME			
STREET ADDRESS	100 OCEAN RD #206			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGIRE, JAMES M			NAME			
STREET ADDRESS	100 OCEAN RD APT 209			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRISEY, JOHN			NAME			
STREET ADDRESS	100 OCEAN RD., #211			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARKER, JOHN E			NAME	Lanahan, Richard		
STREET ADDRESS	1 TURTLE BEACH ROAD			STREET ADDRESS	1 Turtle Beach Road		
CITY-ST-ZIP	VERO BEACH, FL			CITY-ST-ZIP	VERO BEACH, FL		
TITLE	VPST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNCH, JOHN			NAME			
STREET ADDRESS	100 OCEAN RD., #210			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CULL, WILLIAM			NAME			
STREET ADDRESS	100 OCEAN RD APT 110			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963			CITY-ST-ZIP			

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:** Richard Lanahan **Richard Lanahan** **3/31/06** **772-231-1666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #