


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90063 002 ****61.25

DOCUMENT # 734548			
1. Entity Name OCEAN VIEW ASSOCIATION, INC.			
Principal Place of Business 2370 NE OCEAN BLVD STUART FL 34996 US		Mailing Address 7136 SE OSPREY ST HOBE SOUND FL 33455 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40029097



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1877464		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DICKENSON MANAGEMENT, INC 7136 OSPREY ST HOBE SOUND FL 33455		7. Name and Address of New Registered Agent Name <i>Prime Management of Jupiter</i> Street Address (P.O. Box Number is Not Acceptable) <i>400 Tracy Lane Dr</i> City <i>Jupiter</i> FL Zip Code <i>33450</i>	
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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]* DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S	NAME HARRIS, BRETT L	<input checked="" type="checkbox"/> Delete	TITLE P	NAME <i>LOU SIMON D204</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2375 NE OCEAN BLVD E104	CITY-ST-ZIP STUART FL 34996		STREET ADDRESS <i>2375 NE Ocean Blvd</i>	CITY-ST-ZIP <i>Stuart FL 34996</i>	
TITLE VPD	NAME DOWNEY, JACK	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME <i>MIKE NOBEN A306</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2370 NE OCEAN BLVD. #B-302	CITY-ST-ZIP STUART FL 34996		STREET ADDRESS <i>2370 NE Ocean Blvd</i>	CITY-ST-ZIP <i>Stuart FL 34996</i>	
TITLE TD	NAME GOODWIN, DON	<input checked="" type="checkbox"/> Delete	TITLE Treas	NAME <i>Burt Moore A-101</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2370 NE OCEAN BLVD. #B-203	CITY-ST-ZIP STUART FL 34996		STREET ADDRESS <i>2370 NE Ocean Blvd</i>	CITY-ST-ZIP <i>Stuart FL 34996</i>	
TITLE DP	NAME ZOCCO, CHESTER	<input checked="" type="checkbox"/> Delete	TITLE S.M	NAME <i>Rick Stumpf C</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2370 NE OCEAN BLVD. #A-102	CITY-ST-ZIP STUART FL 34996		STREET ADDRESS <i>2370 NE Ocean Blvd</i>	CITY-ST-ZIP <i>Stuart FL 34996</i>	
TITLE S	NAME DURGIN, CAROL	<input checked="" type="checkbox"/> Delete	TITLE Secy	NAME <i>Carol Durgin D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2115 SE OCEAN BLVD	CITY-ST-ZIP STUART FL 34996		STREET ADDRESS <i>2375 NE Ocean Blvd</i>	CITY-ST-ZIP <i>Stuart FL 34996</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*