

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90005 022 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                     |                                                                                                                                                                                                                                 |                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|
| <b>DOCUMENT # 736048</b><br>1. Entity Name<br>200 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |                                                                                                                                                                                                                                 |                             |  |
| Principal Place of Business<br>1 TURTLE BEACH ROAD<br>VERO BEACH, FL 32963                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     | Mailing Address<br>1 TURTLE BEACH ROAD<br>VERO BEACH, FL 32963                                                                                                                                                                  |                             |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                                                                                                                   |                             |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                     | City & State<br><br>Zip      Country                                                                                                                                                                                            |                             |  |
| 4. FEI Number<br>59-1690628                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                     | Applied For<br><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<br><br>BARKER, JOHN E.<br>1 TURTLE BEACH ROAD<br>VERO BEACH, FL 32963                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name <u>Young, Peter H.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1 Turtle Beach Road</u><br><br>City <u>Vero Beach,</u> FL      Zip Code <u>32963</u> |                             |  |
| 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 <u></u> <u>Peter H. Young</u> <u>3/31/07</u> DATE<br><small>Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                     |                                                                                                                                                                                                                                 |                             |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                 | \$5.00 May Be Added to Fees |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                     |                                                                                                                                                                                                                                 |                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                           |                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>MOORE, ROBERT C<br>200 OCEAN RD #18<br>VERO BEACH, FL 32963<br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                               |                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>MORRIS, REUBEN<br>#2A-200 OCEAN RD<br>VERO BEACH, FL<br><input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                               |                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>HENNESSEY, VIRGINIA B<br>200 OCEAN RD., #3B<br>VERO BEACH, FL 32963<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                               |                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>BARKER, JOHN E<br>1 TURTLE BCH RD<br>VERO BCH, FL<br><input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | AS<br>Young, Peter H.<br>1 Turtle Beach Road<br>Vero Beach, FL 32963<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>BRIER, PATRICIA A<br>200 OCEAN RD., #2B<br>VERO BEACH, FL 32963<br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                               |                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AS<br>LANAHAN, RICHARD<br>1 TURTLE BEACH ROAD<br>VERO BEACH, FL 32963<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u></u> <u>Richard Lanahan</u> <u>3/31/07</u> <u>772-231-1666</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                     |                                                                                                                                                                                                                                 |                             |  |