2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State
07-21-2006 90022 001 ****61.25

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1. Entity Name
OCEAN PLACE - 2155 CONDOMINUM ASSOCIATION, INC.

50022750

Principal Place of Business	Mailing Address
2155 S. OCEAN BLVD. DELRAY BEACH, FL 33483 US	639 E. OCEAN AVE #204 BOYNTON BEACH, FL 33425 US

06022006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2130596 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRY, WILL 639 E. OCEAN AVE #204 BOYNTON BEACH, FL 33435	Name: Eric Estebanez Street Address (P.O. Box Number is Not Acceptable): 75 NE 6th Ave Suite 206 City: Delray Beach FL Zip Code: 33483

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 Eric Estebanez 07/14/06
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 September 6, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HINNERS, THOMAS 2155 S OCEAN BLVD 4 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ken Years 2155 S Ocean Blvd 18 Delray Beach, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEARD, BARRY 2155 S OCEAN BLVD DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rushter, Manny (T) 2155 S Ocean Blvd 24 Delray Beach, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCQUADE, EILEEN 2155 S OCEAN BLVD # 2 DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP McQuade, Eileen 2155 Ocean Blvd 2 Delray Beach, FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WURSTER, WILLIAM 2155 S OCEAN BLVD # 6 DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST McGoey, Dawn 639 East Ocean Ave #101 Boynton Beach, FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMIESON, BARBRA 2155 S OCEAN BLKVD # 9 DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wurster, William 2155 S Ocean Blvd # 10 Delray Beach, FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #