


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90226 040 ****61.25

DOCUMENT # 738886		
1. Entity Name OCEAN PLACE - 2155 CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 2155 S. OCEAN BLVD. DELRAY BEACH, FL 33483 US	Mailing Address 639 E. OCEAN AVE #204 BOYNTON BEACH, FL 33425 US
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2. Principal Place of Business - No P.O. Box # Pointe Management group Suite, Apt. #, etc. 75 NE 6th Ave #206	3. Mailing Address Suite, Apt. #, etc.
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04202007 Chg-NP CR2E037 (12/06)

City & State Delray Beach, FL	City & State
Zip 33483	Country

4. FEI Number 59-2130596	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRY, WILL 639 E. OCEAN AVE #204 BOYNTON BEACH, FL 33435	
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7. Name and Address of New Registered Agent Name Eric Estabenez Street Address (P.O. Box Number is Not Acceptable) 75 NE 6th Ave #206 City Delray Beach FL Zip Code 33483	
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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, 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, 2007	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCQUADE, EILEEN 2155 S OCEAN BLVD # 2 DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WURSTER, WILLIAM 2155 OCEAN BLVD, #10 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ken Years 2155 S. Ocean Blvd #18 Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Dawn McGee 639 East Ocean Ave #101 Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Manuel Kusner 2155 S. Ocean Blvd #24 Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Joe Beale 2155 S. Ocean Blvd #21 Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PAID

CK. NO. **1005**
DATE **04/20/07**

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: *Manuel Kusner* **4/24/07** **561-802-3230**
Signature and typed or printed name of signing officer or director Date Daytime Phone #