

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90322 044 \*\*\*\*61.25

<b>DOCUMENT # 738942</b> 1. Entity Name <b>OCEANTREE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3400 N OCEAN DR. SINGER ISLAND, FL 33404-0201</b>			Mailing Address <b>3400 N OCEAN DR. SINGER ISLAND, FL 33404-0201</b>		
2. Principal Place of Business - No P.O. Box # <b>3400 N Ocean Dr.</b>		3. Mailing Address <b>3400 N Ocean Dr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Singer Island Florida</b>		City & State <b>Singer Island Florida</b>		4. FEI Number <b>59-1745332</b>	
Zip <b>33404</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FIELDS, GARY D ATT ADMIRALTY BUILDING SUITE 700 4400 PGA BOULEVARD PALM BEACH GARDENS, FL 33410</b> <i>delete</i>			7. Name and Address of New Registered Agent Name <b>Larry Griffin</b> Street Address (P.O./Box Number is Not Acceptable) <b>3400 N Ocean Dr # 706</b> City <b>Singer Island</b> <b>FL</b> Zip Code <b>33404</b>		
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 <i>Larry Griffin</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>4/10/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADLER, ELI 3400 N OCEAN DR #1401 WEST PALM BEACH, FL 33404</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Charles Zubak 3400 N Ocean Dr # 406 Singer Island FL 33404</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TUCKER, JOAN L 3400 N. OCEAN DRIVE #1702 WEST PALM BEACH, FL 33404</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAW, LARRY 3400 N. OCEAN DRIVE #1705 WEST PALM BEACH, FL 33404</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TULLOCH, JOHN 3400 N. OCEAN DRIVE #1008 SINGER ISLAND, FL 33404</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DZIEDZIC, RICHARD 3400 N. OCEAN DRIVE #404 SINGER ISLAND, FL 33404</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GRIFFIN, LARRY 3400 N. OCEAN DRIVE #706 SINGER ISLAND, FL 33404</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE: <i>Larry Griffin</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					