
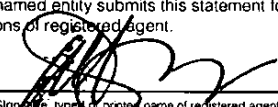
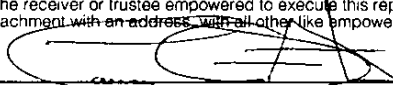


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90018 015 \*\*\*\*61.25

<b>DOCUMENT # 745899</b> 1. Entity Name 400 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1 TURTLE BEACH ROAD VERO BEACH, FL 32963			Mailing Address 1 TURTLE BEACH ROAD VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1949019				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG, PETER H 1 TURTLE BEACH ROAD VERO BEACH, FL 32963			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/21/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YOUNG, PETER H 1 TURTLE BEACH ROAD VERO BEACH, FL 32963	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flaherty, Patricia 40 Ocean Road apt. 175 Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, JOSEPH E 400 OCEAN RD #171 VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Sheehan, Jeremiah 400 Ocean Road apt. 171 Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, JOSEPH E 400 OCEAN ROAD, #180 VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Senkowski, Michael 400 Ocean Road apt. 187 Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LANAHAN, RICHARD ONE TURTLE BEACH ROAD VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Gerstner, Larry C. 1 Turtle Beach Road Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADDOX, LORI 400 OCEAN RD #180 VERO BEACH, FL 32963	<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	VP PLERTRAFESA, ROBERT D 400 OCEAN RD, #185 VERO BEACH, FL 32963	<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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/21/08</u> <small>Daytime Phone #</small>		