

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90014 011 \*\*\*\*61.25

<b>DOCUMENT # 747119</b> 1. Entity Name <b>OCEAN PALMS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>700 BRINY AVE POMPANO BCH, FL 33062</b>			Mailing Address <b>700 BRINY AVE POMPANO BCH, FL 33062</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>SUTTON, JOHN E 9 SUNSET LANE POMPANO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, JOHN		NAME		
STREET ADDRESS	9 SUNSET LANE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVANAUGH, TOM		NAME		
STREET ADDRESS	27421 SW 154 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIMBS, JAN		NAME	SD Mimbs, Jan	
STREET ADDRESS	700 BRINY AVENUE		STREET ADDRESS	700 Briny Ave	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	FD Mimbs, MARIO	
STREET ADDRESS			STREET ADDRESS	2219 SE 9th St	
CITY-ST-ZIP			CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VPD Rolph, Bartlett	
STREET ADDRESS			STREET ADDRESS	10 Sunset Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 five empowered.					
<b>SIGNATURE:</b>			1-23-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		