


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90047 025 ****61.25

DOCUMENT # 748075			
1. Entity Name 800 OCEAN PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 800 N OCEAN BLVD DELRAY BCH FL 33483 US		Mailing Address 800 N OCEAN BLVD DELRAY BCH FL 33483 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>100 E. Linton Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 205A</i>	
City & State		City & State <i>Delray Beach FL</i>	
Zip	Country	Zip	Country
		<i>33483</i>	<i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POLLACK, MEL 800 NORTH OCEAN BLVD. UNIT #1 DELRAY BEACH FL 33483		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2003733	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW: 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLLACK, MEL			NAME			
STREET ADDRESS	800 N. OCEAN BLVD, #1			STREET ADDRESS			
CITY ST ZIP	DELRAY BEACH FL 33483			CITY ST ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, DALE			NAME			
STREET ADDRESS	800 N OCEAN BLVD #4			STREET ADDRESS			
CITY ST ZIP	DELRAY BEACH FL 33483			CITY ST ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ABELL, WILLIAM			NAME	<i>Ramon Camballo</i>		
STREET ADDRESS	800 N OCEAN BLVD #4			STREET ADDRESS	<i>800 N Ocean Blvd #5</i>		
CITY ST ZIP	DELRAY BEACH FL 33483			CITY ST ZIP	<i>Delray Beach, FL 33483</i>		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMES, SHANES			NAME			
STREET ADDRESS	800 N. OCEAN BLVD, #5			STREET ADDRESS			
CITY ST ZIP	DELRAY BEACH FL 33483			CITY ST ZIP			
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			
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 exemptions contained in Section 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: *Mel Pollack*, Melvin Pollack 17 MAR 07 561-272-7618