


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90120 044 \*\*\*\*61.25

<b>DOCUMENT # 748465</b> 1. Entity Name <b>OCEANRISE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10310 S. OCEAN DR. SUITE 105 JENSEN BEACH, FL 34957</b>			Mailing Address <b>10310 S. OCEAN DR. SUITE 105 JENSEN BEACH, FL 34957</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1942759</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORNETT, JANE % WACKEEN, CORNETT &amp; GOOGE, P.A. 401 E. OSCEOLA ST. STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	PD <b>KALUZYNAKI, JOSEPH</b> <b>10310 S OCEAN DR 508</b> <b>JENSEN BEACH, FL 34957</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>McDonald, Wm. G</b> <b>10264 Continental Dr</b> <b>TAYLOR MI 48180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>MCDONALD, BILL</b> <b>10310 S. OCEAN DRIVE #207</b> <b>JENSEN BEACH, FL 34957</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>Lamphere, Judy</b> <b>431 Curwood Dr.</b> <b>OWOSSO MI 48867</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DI ROMA, GENE</b> <b>10310 S OCEAN DR #303</b> <b>JENSEN BEACH, FL 34957</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Santorella, Courtney</b> <b>163 Pepper Lane</b> <b>Jensen Beach FL 34957</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LONGANBACK, STEVEN</b> <b>10310 S OCEAN DR 407</b> <b>JENSEN BEACH, FL 34957</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Foley, Irwin</b> <b>548 Westley Dr.</b> <b>Lima OH 45805</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PARENT, DAVID</b> <b>10310 S OCEAN DR #501</b> <b>JENSEN BEACH, FL 34957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 a address with all other like empowered.					
<b>SIGNATURE</b> _____ <b>4/15/08</b> <b>72 225-0442</b>					