## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT #748465** 

1. Entity Name

FILED Apr 24, 2008 8:00 am Secretary of State 04-24-2008 90120 044 \*\*\*\*61.25

OCEÁNR	RISE CONDOMINIUM ASSO	OCIATION, INC.					
Principal Place of Business Mailing Address 10310 S. OCEAN DR. 10310 S. OCEAN DR. SUITE 105 SUITE 105 JENSEN BEACH, FL 34957 JENSEN BEACH, FL 3495			957 ·	E 1940A 1940 A ANGEL ANGEL		ELOIX AKRIKOL EL ADDI	
Principal Place of Business - No P.O. Box # 3. If		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E037 (12	2/06)	
City & State		City & State		4. FEI Number 59-1942759		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Des		5 Additional Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	lew Registered Agent	•	
CORNET	Γ. JANE		Name				
% WACKEEN, CORNETT & GOOGE, P.A. 401 E. OSCEOLA ST.			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
STUART, FL 34994							
			City		FL 2	ip Code	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office or req	gistered agent, or both, in the State	of Florida. I am familia	ar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	DATE		
	Filting Fee is \$61.25  Due by May 1, 2008  9. Election Campaig Trust Fund Contri						
				\$5.00 May Be Added to Fees	Make check pay Fiorida Departmen		
10.		Trust Fund Co			Florida Departmen	t of State	
TITLE	OFFICERS AND DI	Trust Fund Co	ontribution.	Added to Fees  ADDITIONS/CHANGES TO O	Fiorida Departmen	t of State	
TITLE NAME	OFFICERS AND DI PD KALUZYNAKI, JOSEPH	Trust Fund Co	11. TITLE NAME	Added to Fees  ADDITIONS/CHANGES TO OF  Director  McDonald, Wm. G	Fiorida Departmen	ORS IN 10	
TITLE	OFFICERS AND DI	Trust Fund Co	ontribution.   11.  TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANGES TO OI  Director pcDonaid, wm. G  2264 Continental Delication	FIORIDA DEPARTMENT FICERS AND DIRECTO	ORS IN 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DI PD KALUZYNAKI, JOSEPH 10310 S OCEAN DR 508	Trust Fund Co	Ontribution.	Added to Fees  ADDITIONS/CHANGES TO OI Director PCDonald, Wm. G D264 Continental DA AY LOR MI 48186	Fiorida Departmen	ORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD KALUZYNAKI, JOSEPH 10310 S OCEAN DR 508 JENSEN BEACH, FL 34957 VPD MCDONALD, BILL	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME V NAME	Added to Fees  ADDITIONS/CHANGES TO OI  Director  PCDonaid, Wm. G  264 Continental D  Ay LOR MI 48186  PD  amphere, Judy	Fiorida Departmen	ORS IN 10 Change Addition	
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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 attachmen

SIGNATURE