2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90045 043 ****61.25

DOCUMENT # 754056

1. Entity Name
OCEAN HARBOUR CONDOMINIUM ASSOCIATION, INC.

50002308

Principal Place of Business	Mailing Address
ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BCH, FL 32960 US	835 20TH PLACE VERO BCH, FL 32960 US

01172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5151 N A1A	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, FL	City & State
Zip: 34949 Country: USA	Zip Country

4. FEI Number: 59-2243323 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MERRILL, CRAIG 835 20TH PLACE VERO BCH, FL 32960	Name: JANE CORNETT, ESQ. Street Address (P.O. Box Number is Not Acceptable): 401 E. OSCEOLA STREET 1ST FLOOR RIVER OAK CENTER City: STUART. FL Zip Code: 34994

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: _____ 3.10.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIWIK, DALELYNE 5167 NORTH A1A #E 204 FORT PIERCE, FL 34949	☐ Delete	See FREEMAN, JERRY 5167 N. A1A #E 405 Fort Pierce, FL 34949	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATRICK, TERRY 5167 NORTH A1A #E808 FORT PIERCE, FL 34949	☒ Delete	RICHARD C. ABBY 5163 NORTH A.I.A. #618 FORT PIERCE, FL. 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EGER, EUGENE 5159 N. A1A # 5120 FORT PIERCE, FL 34949	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SORCE, MARC 5163 N. A1A #217 FORT PIERCE, FL 34949	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANDATO, JAMES 5163 NORTH A1A #D720 FORT PIERCE, FL 34949	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAVITZ, SONNY 331 NW 87TH TER CORAL SPRINGS, FL 33071	☐ Delete		☐ Change ☐ 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: Dalelyne Siwik Dalelyne Siwik 3.04.08 772-465-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #