


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90016 010 \*\*\*\*61.25

<b>DOCUMENT # 758419</b> 1. Entity Name <b>OCEAN RIDGE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2800 OCEAN DR VERO BEACH FL 32963</b>			Mailing Address <b>2800 OCEAN DR VERO BEACH FL 32963</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>2925 Cardinal Drive</b> Suite, Apt. #, etc. <b>Suite C</b> City & State <b>Vero Beach, Florida</b> Zip <b>32963</b> Country <b>USA</b>			
4. FEI Number <b>59-2658279</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>BREFFNI MANAGEMENT 2800 OCEAN DR VERO BEACH FL 32963</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2925 Cardinal Drive</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32963</b>		
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) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>HISSOM, THOMAS</b> <input type="checkbox"/> Delete <b>1939 OCEAN RIDGE CIRCLE</b> <b>VERO BEACH FL 32903</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PATRICK Schulke</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1963 Ocean Ridge Circle</b> <b>Vero Beach, Florida 32963</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input type="checkbox"/> Delete <b>MCENERNEY, PAT</b> <b>1012 POITRAS DRIVE</b> <b>VERO BEACH FL 32963</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>JOFRONAS, GEORGE</b> <b>2065 OCEAN RIDGE CIRCLE</b> <b>VERO BEACH FL 32963</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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 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: *Patrick H. E...*

2-26-06 77V  
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