

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 758836

1. Entity Name  
OCEAN ROYALE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1595 HIGHWAY A1A  
SATELLITE BEACH, FL 32937 US

Mailing Address  
985 PINETREE DR  
INDIAN HARBOUR BEACH, FL 32937 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02032005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2102315      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

HINDSLEY, MARTY  
1595 HWY A1A #401  
SATELLITE BCH, FL 32937

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

*Marty H. Hindsley*

*1/21/05*

Filing Fee Is \$61.25  
Due by May 1, 2005

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	PD HINDSLEY, MARTY 1595 HWY A1A #401 SATELLITE BEACH, FL 32937	<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	TD HAMMOND, NATHAN 1595 HWY A1A # 502 SATELLITE BEACH, FL 32937	<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	SD CRAWFORD, MAELINDA 159 HWY A1A # 103 SATELLITE BEACH, FL 32937	<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	<i>VP Bh. Khabhai Patel 1595 Hwy A1A # 503 Satellite BEACH, FL 32937</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIR Cathy FRAZIER 1595 Hwy A1A # 303 Satellite Beach, FL 32937</i>
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 exemption stated in Section 119.07(3)(i), 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: *Rachida A. Crawford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/21/05 331/773-2365*  
Date      Daytime Phone #