

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90094 016 ****61.25

DOCUMENT # 760118 1. Entity Name OCEAN HOUSE CONDOMINIUM, INC.					
Principal Place of Business 2220 OCEAN SHORE BL 401-A ORMOND BEACH, FL 32176			Mailing Address 2220 OCEAN SHORE BL 401-A ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box # 2220 Ocean Shore Bl Suite, Apt. #, etc.		3. Mailing Address 2220 Ocean Shore Bl Suite, Apt. #, etc.			
City & State Ormond Beach, FL Zip 32176		City & State Ormond Beach, FL Zip 32176		4. FEI Number 59-2380769	
Country Volusia		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWMAN, LENOISE 2220 OCEAN SHORE BL 401-A ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name Michael L. Harsch Street Address (P.O. Box Number is Not Acceptable) 422 Sand Creek Lane City Ormond Beach FL Zip Code 32174	
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 <u><i>Michael L. Harsch</i></u> 1-19-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	TD PELOQUIN, CHARLES 2222 GREENSHORE BLVD 201 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George Goldtrap 2222 Ocean Shore BL 103 Ormond Beach, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, SUSAN 4472 WILLOW WIND CT ORLANDO, FL 32835	<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	D DORR, JOE 2220 OCEAN SHORE BLVD., 506-P ORMOND BEACH, FL 32176	<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	VP WITT, JIM 9210 SPYGLASS CT JACKSONVILLE, FL 32258	<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	D STANLEY, CAROL 2222 OCEAN SH BL, #505-B ORMOND BEACH, FL 32176	<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	D SPINKS, JOE 2222 OCEAN SHORE BLVD., 504-A ORMOND BEACH, FL 32176	<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 an address, with all other like empowered.					
SIGNATURE: <u><i>Michael L. Harsch</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-19-07 386-235-9877 <small>Date Daytime Phone #</small>		