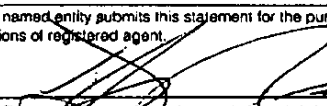
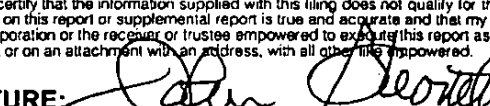


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

03-28-2008 90045 044 ****61.25

DOCUMENT # 762151					
1. Entity Name OCEAN HARBOUR SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % ELLIOTT MERRILL COMM. MGMT 835 20TH PL VERO BEACH, FL 32960			Mailing Address % ELLIOTT MERRILL COMM. MGMT 835 20TH PL VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2219858	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERILL, CRAIG % ELLIOTT MERRILL COMM. MGMT 835 20TH PL VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name: <u>DEBORAH ROSS</u> Street Address (P.O. Box Number is Not Acceptable): <u>69 SOUTH FEDERAL HIGHWAY</u> <u>ROYAL PALM FINANCIAL CENTER</u> City: <u>STUART</u> FL <u>34994</u>	
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: 				DATE: <u>3/20/08</u>	
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 SHETLER, DAVID 4200 N A1A 414 FORT PIERCE, FL 34949	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT LUCARDI, MICHAEL 4200 NORTH A1A, 112 FORT PIERCE, FL 34949	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECHEMENDIA, EMILO 4200 N A1A 416 FT PIERCE, FL 34949	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHORTELL, JOHN 4200 NORTH A1A, 611 FORT PIERCE, FL 34949	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNT, KEN 4250 N A1A # 506 FORT PIERCE, FL 34949	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREASURER SANTAMARIA, NICHOLAS 4200 NORTH A1A, #905 FORT PIERCE, FL 34949	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHORTELL, JOHN 4200 N A1A #611 FORT PIERCE, FL 34949	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMBINO, ROSARIO 4200 NORTH A1A, #111 FORT PIERCE, FL 34949	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L LUCARDI, MIKE 4200 N A1A #112 FORT PIERCE, FL 34949	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDO, CHARLES 4200 NORTH A1A, #115 FORT PIERCE, FL 34949	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: 				DATE: <u>3-7-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66006936



01242008 Chg-NP CR2E037 (12/06)