2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # 762772



FILED Mar 22, 2005 8:00 am Secretary of State 03-22-2005 90009 043 ****61.25

1. Entity Nan THE OCE ASSOCIA	EAN BEA	CH CLUB TIME S IC.	HARE O	WNER'S							
Principal Plac	e of Busines	s	Mailing /	Address	 						
351.0CEAN DR. E											
P.O. BOX 51 Key Colony		33051-0009	KEY CO	LUNY BEACH, FL	. 33051-0009						
2. Principal Place of Business 3. Mailin			ailing Address								
				Suite, Apt. #, etc.			01072005	Chg-NP	CR2E03	7 (10/03)	
City & State			City	City & State			4. FEI Number	PLICABLE			pplied For ot Applicable
Zip		Country	Zip	· ·	Country		5. Certificate of	of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
DEMARAS, SUE 1324 COCO PLUM RD MARATHON, FL 33050						Name Street Address (P.O. Box Number is Not Acceptable)					
					City			-	FL	Zip Cod	
the obligat	e named entity tions of regist	y submits this statement f tered agent.	for the purpos	e of changing its r	egistered office o	or registere	ed agent, or both	i, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agen	nt and title if applica	ble. (NOTE:	Registered Agent signa	ature required	when reinstating)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contributi											
(.							\$5.00 May Be Added to Fees		Make check rida Depart		
10.			IRECTORS			A	Added to Fees DDITIONS/CHA		rida Depart	ment of St	tate
TITLE	Due by N	OFFICERS AND D	IRECTORS		ontribution.	DIRE	Added to Fees DDITIONS/CHA	NGES TO OFFICE	rida Departi ERS AND DIR	ment of St	tate
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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: 1