2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 762772

1. Entity Name
THE OCEAN BEACH CLUB TIME SHARE OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
351 OCEAN DR. E. P.O. BOX 510009 KEY COLONY BEACH, FL 33051-0009	P.O. BOX 510009 KEY COLONY BEACH, FL 33051-0009

DO NOT WRITE IN THIS SPACE

03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMARAS, SUE
1324 COCO PLUM RD.
MARATHON, FL 33050

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEMARAS, SUE
STREET ADDRESS	1324 COCO PLUM RD.
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	VP
NAME	DOLAN, MICHAEL
STREET ADDRESS	77280 O/S HWY
CITY-ST-ZIP	ISLAMORADA, FL
TITLE	D
NAME	SMITH, NORVAL
STREET ADDRESS	PO BOX 510299
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051
TITLE	D
NAME	GLUNZ, JACK
STREET ADDRESS	635 LAKE ST
CITY-ST-ZIP	WILMETTE, IL 60091
TITLE	ST
NAME	VORICK, LULA
STREET ADDRESS	PO BOX 510158
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051
TITLE	D
NAME	PAWLAK, RON
STREET ADDRESS	711 LAKE DRIVE
CITY-ST-ZIP	SIX LAKES, MI 48886

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03/29/06-80039-023 61.25

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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: [signature] LULA VORICK 3/15/06 305/743-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #