


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762772</b> 1. Entity Name <b>THE OCEAN BEACH CLUB TIME SHARE OWNER'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>351 OCEAN DR. E. P.O. BOX 510009 KEY COLONY BEACH, FL 33051-0009</b>	Mailing Address <b>P.O. BOX 510009 KEY COLONY BEACH, FL 33051-0009</b>
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04172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000725886  
05/03/07-80039-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DEMARAS, SUE 1324 COCO PLUM RD. MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOLAN, MICHAEL 77280 O/S HWY ISLAMORADA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NORVAL PO BOX 510299 KEY COLONY BEACH, FL 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLUNZ, JACK 835 LAKE ST WILMETTE, IL 60091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VORICK, LULA PO BOX 510158 KEY COLONY BEACH, FL 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAWLAK, RON 711 LAKE DRIVE SIX LAKES, MI 48886

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lula Vorick* **LULA VORICK** 4/17/07 305/743-4664