


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 762772</b> 1. Entity Name <b>THE OCEAN BEACH CLUB TIME SHARE OWNER'S ASSOCIATION, INC.</b>					
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>		
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 <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DEMARAS, SUE 1324 COCO PLUM RD. MARATHON, FL 33050</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEMARAS, SUE</b>		NAME	<b>U000000871629</b> <b>04/10/08-80003-020 61.25</b>	
STREET ADDRESS	<b>1324 COCO PLUM RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARATHON, FL 33050</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DOLAN, MICHAEL</b>		NAME		
STREET ADDRESS	<b>77280 O/S HWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ISLAMORADA, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, NORVAL</b>		NAME		
STREET ADDRESS	<b>PO BOX 510299</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY COLONY BEACH, FL 33051</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLUNZ, JACK</b>		NAME		
STREET ADDRESS	<b>835 LAKE ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WILMETTE, IL 60091</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VORICK, LULA</b>		NAME		
STREET ADDRESS	<b>PO BOX 510158</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY COLONY BEACH, FL 33051</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAWLAK, RON</b>		NAME		
STREET ADDRESS	<b>711 LAKE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SIX LAKES, MI 48886</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Lula Vorick</i> <b>LULA VORICK</b> <b>3/10/08</b> <b>305/743</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					