## FILED Mar 31, 2008 8:00 am Secretary of State 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 700072 THE STA

1. Entity Name OCEAN CLUB HOUSING ASSOCIATION INC								03-31-2008	90013 0	40 ****61	.25	
333 17TH STREET 333 Suite 2L Suit			Mailing Address 333 17TH STREET SUITE 2L VERO BEACH, FL 3	333 17TH STREET			- ! (13)() (11)	1 1891 BRIAN 1891 18818 IF	1: 4 1   1 1   B		WE II III	
2. Principal Place of Business - No P.O. Box # 3. Ma			3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01112008	Chg-NP	CR2E	37 (12/06)		
City & State			City & State				4. FEI Numbe 59-126			<b> </b>	oplied For ot Applicable	
Zip	Zip Country		Zip	Zip Cou		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and	Address of New I	Registered	Agent		
ROMANO,	ALAN P				Name							
A.R. CHOICE MANAGEMENT, INC. 333 17TH STREET - SUITE 2L					Street A	Street Address (P.O. Box Number is Not Acceptable)						
VERO BEA	ACH, FE	32960			City			•	FI	Zip Code	e	
	named entitions of regis	ty submits this statement for	the purpose of changing	its register	ed office o	r register	ed agent, or bo	th, in the State of FI		_	and accept	
SIGNATURE .		d or printed name of registered agent a	nd title if applicable	NOTE: Registere	ed Agent signat	ture required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008												
	_		9. Election Trust Fu	Campaign I	-		\$5.00 May B	•	Make chec	k payable to		
10.	Due by N		Trust Fu		tion.		\$5.00 May B Added to Fees	•	Make chec rida Depa	rtment of St	tate	
10.  IIILE  NAME  SIREET ADDRESS  CITY-ST-ZIP	PD HEIM, HE 333 17TH	OFFICERS AND DIRECT STREET - SUITE 2L	Trust Fu	11. HITL NAM	E. ME. EET ADDRESS		\$5.00 May B Added to Fees	Flo	Make chec rida Depa	rtment of St	tate	
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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.

3-19-08

772-907-0808

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #