


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90177 033 ****61.25

DOCUMENT # N00000001759
 1. Entity Name
 O.R. CONDOMINIUM ASSOCIATION, INC.



14020763



Principal Place of Business
 700-750 ROYAL PALM WAY
 JUNO BEACH, FL 33408

Mailing Address
 1200 US HWY 1-STE. 9
 NORTH PALM BEACH, FL 33408

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0992037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~BROWN, MARCELLA~~
 1200 HWY US 1, STE. E
 NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name **OPL MANAGEMENT, INC**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Raymond M. ... Property Manager* DATE 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORROW, FRANK	
STREET ADDRESS	700 OCEAN ROLLE WAY	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KINGERY, JAY	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SLAVIN, DAN	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	AVPD	<input checked="" type="checkbox"/> Delete
NAME	ISOLA, DOMINIC	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCY MARCUS	
STREET ADDRESS	750 OCEAN ROYALE WAY #1102	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH TEIXEIRA	
STREET ADDRESS	700 OCEAN ROYALE WAY SPH2	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____