

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90057 034 ****61.25



DOCUMENT # N00000001759

1. Entity Name

O.R. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

OCEAN ROYALE WAY
 700-750 OCEAN PALM WAY
 JUNO BEACH FL 33408

Mailing Address

~~1200 US HWY 1 STE. E~~
~~NORTH PALM BEACH FL 33408~~
 SAME AS

2. Principal Place of Business

700 OCEAN ROYALE WAY

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

JUNO BEACH FL

City & State

SAME

4. FEI Number

65-0992037

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

OPC MANAGEMENT INC.
 1200 HWY US 1, STE. E
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

ANNETTE SANNIOTA, LCAM

Street Address (P.O. Box Number is Not Acceptable)

700 OCEAN ROYALE WAY

City

JUNO BEACH

FL

Zip Code

33408

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

3/20/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	MARROW, FRANK	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINGERY, JAY	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SLAVIN, DAN	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARCUS, MARCY	
STREET ADDRESS	750 OCEAN ROYALE WAY #1102	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TEIXEIRA, JOSEPH	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK MORROW	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROB MICHELS	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA GEORGE	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCY MARCUS	
STREET ADDRESS	750 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH TEIXEIRA	
STREET ADDRESS	700 OCEAN ROYALE WAY	
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:

Pamela George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/05

Date

561-743-0845

Daytime Phone #