

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90370 008 ****61.25



DOCUMENT # N00000001759

1. Entity Name

O.R. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

700 OCEAN ROYALE WAY
JUNO BEACH FL 33408

Mailing Address

700 OCEAN ROYALE WAY
JUNO BEACH FL 33408



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-0992037

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joseph FAGAN
~~CANNOTA, ANNETTE~~ LCAM
700 OCEAN ROYALE WAY
~~NORTH PALM BEACH~~ FL 33408
JUNO BEACH FL

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	MARROW, FRANK	
STREET ADDRESS	700 OCEAN ROLLE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	P	<input type="checkbox"/> Delete
NAME	MICHELE, ROB	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GEORGE, PAMELA	
STREET ADDRESS	700 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARCUS, MARCY	
STREET ADDRESS	750 OCEAN ROYALE WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	T	<input checked="" 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	ASST V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Cohen	
STREET ADDRESS	750 Ocean Royale Way	
CITY-ST-ZIP	Juno Beach FL 33408	
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rob Michels	
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		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Wineapple	
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 exemptions contained in Section 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:

Rob Michels Pres

5-22-06

561.721.3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #