

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90018 003 \*\*\*\*61.25



|  |  |
|--|--|
| <b>DOCUMENT # N00000001759</b>   |  |
| 1. Entity Name<br><b>O.R. CONDOMINIUM ASSOCIATION, INC.</b>                        |  |
| Principal Place of Business<br><b>700 OCEAN ROYALE WAY<br/>JUNO BEACH FL 33408</b> | Mailing Address<br><b>700 OCEAN ROYALE WAY<br/>JUNO BEACH FL 33408</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  |



1st MOORE CR2E037 (10/06)

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

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b>                | <b>7. Name and Address of New Registered Agent</b>                                    |
| <b>FAGAN, JOSEPH<br/>700 OCEAN ROYALE WAY<br/>JUNO BEACH FL 33408</b> | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <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 re-registering) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AVP<br/>COHEN, LINDA<br/>750 OCEAN ROYALE WY<br/>JUNO BEACH FL 33408</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>AVP<br/>Linda Cohen</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>MICHELS, ROB<br/>700 OCEAN ROYALE WY<br/>JUNO BEACH FL 33408</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>GEORGE, PAMELA<br/>700 OCEAN ROYALE WAY<br/>JUNO BEACH FL 33408</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>MARCUS, MARCY<br/>750 OCEAN ROYALE WAY<br/>JUNO BEACH FL 33408</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Marcy P. Marcus</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>WINEAPPLE, PAMELA<br/>700 OCEAN ROYALE WY<br/>JUNO BEACH FL 33408</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Treasurer<br/>Pamela Wineapple</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |

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:** *Linda Cohen* **Linda Cohen Vice Pres.** **2/27/07** **561-721 3435**