2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007143

FILED Apr 09, 2007 Secretary of State

Entity Name: OCEAN VIEW TOWNHOMES-I CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place	e of Business:
	35TH AVENUE NAMI BEACH, FL 33160		
Current M	Nailing Address:	New Mailing Addres	ss:
	35TH AVENUE NAMI BEACH, FL 33160		
FEI Number	r: 65-1093818 FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
NORTH IV	ALPH 35TH AVENUE 4IAMI BEACH, FL 33160 US E named entity submits this statement for the	purpose of changing its registers	ed office or registered agent, or both,
		h h	
	e of Florida.	h where or every and very agreem	
in the Stat	e of Florida. ÉRE:		Data
in the State	e of Florida. RE: Electronic Signature of Registered Ac	gent	Date
in the State SIGNATUI OFFICER Title: Name: Address:	e of Florida. ÉRE:	gent	Date SES TO OFFICERS AND DIRECTOR: () Change () Addition
in the State	e of Florida. RE: Electronic Signature of Registered Action Stand DIRECTORS: STD () Delete JONES-KELLER, MARGARET 16669 NE 35TH AVENUE	gent ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered Ag S AND DIRECTORS: STD () Delete JONES-KELLER, MARGARET 16669 NE 35TH AVENUE NORTH MIAMI BEACH, FL 33160 PD () Delete DIXON, RALPH 16657 NE 35TH AVENUE	gent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	SES TO OFFICERS AND DIRECTOR:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH DIXON MR 04/09/2007