

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01598

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** OCEAN GARDEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

631 EAST ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 802  
POMPANO BEACH, FL 33061

**New Mailing Address:**

**FEI Number:** 65-0116770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TMG MANAGEMENT  
631 EAST ATLANTIC BLVD  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MARTINEZ, FERNANDO  
Address: 2400 NE 33RD AVE, #205  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP,S  
Name: CHRISTOFF, SEVERINA  
Address: 2400 NE 33RD AVE, #106  
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: D  
Name: CORREAL, NAIYER  
Address: 2400 N.E. 33RD AVE, #212  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: P  
Name: OCONNELL, STEVE  
Address: 2400 N.E. 33RD AVE, #111  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: T  
Name: GEORGE, STACEY  
Address: 2400 NE 33RD AVE, #110  
City-St-Zip: FT. LAUDERDALE, FL 33305

I hereby 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 all other like empowered.

SIGNATURE: TERRY MCGREGOR

MR

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date