


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90065 024 ****61.25

DOCUMENT # N02000003351	
1. Entity Name OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6590 N OCEAN BLVD OCEAN RIDGE, FL 33435	Mailing Address 6590 N OCEAN BLVD APT #4 OCEAN RIDGE, FL 33435
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 6590 N. OCEAN BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #10

City & State	City & State OCEAN RIDGE, FL
Zip	Zip 33435
Country	Country PALM BEACH

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 06-1683889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent O'DONNELL, DICK 6590 N OCEAN BLVD #4 OCEAN RIDGE, FL 33435	7. Name and Address of New Registered Agent Name: <u>PATRICIA SHOEMAKER</u> Street Address (P.O. Box Number is Not Acceptable): <u>6590 N. OCEAN BLVD.</u> <u>UNIT 10</u> City: <u>OCEAN Ridge</u> FL Zip Code: <u>33435</u>
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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: Patricia Shoemaker DATE: 1-20-2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEFFLER, TIM 1 PICCADILLY CIRCUS SAYREVILLE, NJ 08872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIANCO, BETTY 4 RAYMOND ROAD NORTH SALEM, NY 10560 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNN OSBORNE 3018 JOHN MARSHALL DRIVE ARLINGTON, VA. 22207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DADAM, GERALD R 3514 WILLIAMS LANE CRETE, IL 60417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF O'DONNELL, DICK 6590 N. OCEAN BLVD. #4 OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF OFF MARGARET O'DONNELL 323 SEYMOUR LANE MILL VALLEY, CA. 94941 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF OSBORNE, LYNN 3018 N. JOHN MARSHALL DRIVE ARLINGTON, VA 22207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF S PATRICIA SHOEMAKER 6590 N. OCEAN BLVD #10 OCEAN RIDGE, FL. 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Chapter 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: Gerald D'Adam DATE: 1-20-07 (561)
T34-3509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR