2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Percental Place of Business Sogo N OCEAN BLVD Sogo N OCEAN BLVD Sogo N OCEAN BLVD OCEAN RIDGE, FL 33435 OCEAN BLVD OCEAN RIDGE, FL 33435 OCEAN BLVD OCEAN BL	DOCUMENT # N02000003351 1. Entity Name OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.						01-29-2001	7 90065 024 ****	61.25	
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Chy & State Chy &	2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6590 N. OCEAN BLVD.		٥,					
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6. Name and Address of Current Registered Agent 7. Name and Address of the Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains of registered agent, or both, in the State of Florida. I am familiar with, and accept the chighlains with, and accept the chighlains with, and accept the chighlains with an accept the chighlains with, and accept the chighlains with, and accept the chighlains with a state of Florida. I am familiar with, and accept the chighlains with a state of Florida. I am familiar with, and accept the chighlains with a state of Florida. I am familiar with, and accept the chighlains with a state of Florida. I am familiar with, and accept the chighlains with a state of Florida. I am familiar with, and accept the chighlains with a state of Florida. I am familiar with, and accept the chighlains with a state of Florida. I am familiar with,	City & State		OCEAN RIDGE, FL							
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Siree Addition		6. Name and Address of Current R	egistered Agent			7. Name and	Address of New F	Registered Agent		
Street Address P.D. Box Apurthers Is Not Accomptable) ### OCEAN RIDGE, FL 33435 #### OCEAN RIDGE, FL 33435 #################################	O'DONNE	I DICK		Name /	Name Porto LOID SHOEMAKER					
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. 1	6590 N OCEAN BLVD									
R. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, head or printed name of registered agent. FILING Fee to \$64.25 Due by May 1, 2007 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE PD UNDERFLAR TIME TO UNDERFLAR TIME TO	OCEAN RIDGE, FL 33435			City	Unit 10					
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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: _

IGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

GERALD D'ADAM

734-3509

Daylime Phone #