2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State

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DOCUMENT # N02000003351 1. Entity Name OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.					գսս		08 90014	1 006 ****	61.25	
6590 N OCEAN BLVD 659 OCEAN RIDGE, FL 33435 #10		Mailing Address 6590 N OCEAN BLVD #10 OCEAN RIDGE, FL 3343	6590 N OCEAN BLVD		A AMBRICATA DEL MARTI		HK 0111 0120			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt, #, etc.		Suite, Apt. #, etc.			011320 0 8 c	Chg-NP	CR2E(037 (12/06)		
City & State		City & State			4. FEI Number 06-16838	89			pplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Add Fee Require		
	. 6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New	Registered	Agent		
SHOEMAKER, PATRICIA			Name							
UNIT 10	CEAN BLVD		Street Address ((P.O. Box Number is Not Acceptable)				
OCEAN RIDGE FL 33435			City	City Fa Zip Code						
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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										
SIGNATURE .	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE:	Registered Agent signat	Devuipes anu	when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered agent of Filling Fee Is \$61.25 Due by May 1, 2008	9. Election Carn Trust Fund Co	paign Financing	ure required	\$5.00 May Be Added to Fees		Make che	ck payable to		
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Fk	Make che orida Depa	ck payable to artment of St	tate	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing entribution.		\$5.00 May Be Added to Fees	Fk	Make che orida Depa	ck payable to artment of St	tate	
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12. 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:

Heald E, L'alan GERG BIGHATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

GERALD R, DADAM

1/13/08

Date

(708) 672-5690 Deyline Phone #