

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003605**

1. Entity Name  
**OCEAN TERRACES OF BREVARD CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**209 N ATLANTIC AVE  
COCOA BEACH, FL 32931**

Mailing Address  
**209 N ATLANTIC AVE.  
#401  
COCOA BEACH, FL 32931**



03312006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RICHMAN, ARNOLD  
209 N ATLANTIC AVE  
COCOA BEACH, FL 32931**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000494135  
04/20/06-80034-004 70.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHMAN, ARNOLD
STREET ADDRESS	209 N ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VD
NAME	YOUNT, LAWRENCE H
STREET ADDRESS	209 N ATLANTIC AVE., #5
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	SD
NAME	TRIFFLOS, JIM
STREET ADDRESS	209 N ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	TD
NAME	HOAGLAND, STEPHEN
STREET ADDRESS	209 N ATLANTIC AVE, #4
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/06**

**321-784-2491**

Date

Daytime Phone #