

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2007 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**



01312007 No Chg-NP

CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

1100000619249
02/08/07-80063-007 70.00

**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:

Stephen T. Hoagland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN T. HOAGLAND

1/31/07

321-784-2491

Date

Daytime Phone #