

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90082 020 ****61.25

DOCUMENT # N03000003090

1. Entity Name
OCEAN PEARL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3920 N A1A
FORT PIERCE, FL 34949

Mailing Address
835 20TH PLACE
VERO BEACH, FL 32960

40053257



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-NP

CR2E037 (11/05)

4. FEI Number
58-2667665

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRILL, KAREN
ELLIOT MERRILL COMM MGMT
835 20TH PLACE
VERO BEACH, FL 32960

Name

Lorraine Fork

Street Address (P.O. Box Number is Not Acceptable)

1111 SE Federal Hwy. Suite 100

City

Stuart

FL

Zip Code
34994

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MEANS, KABRING
STREET ADDRESS 8541 SW 116TH STREET
CITY-ST-ZIP MIAMI, FL 33136

TITLE ~~PD~~ ☐ Change ☒ Addition
NAME McGregor, Alan
STREET ADDRESS 3920 N A1A #1201
CITY-ST-ZIP Ft Pierce, FL 34994

TITLE SD ☒ Delete
NAME GOLDMAN, LESTER
STREET ADDRESS 3920 N. A1A #304
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☒ Addition
NAME Greaves, Anthony SUPD
STREET ADDRESS 3920 N A1A PH1
CITY-ST-ZIP Ft Pierce, FL 34994

TITLE VPD ☒ Delete
NAME DUNDON, TOM
STREET ADDRESS 3920 N A1A, # 303
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☒ Addition
NAME Pale, Christopher
STREET ADDRESS 3920 N A1A, #503
CITY-ST-ZIP Ft Pierce, FL 34994

TITLE TD ☒ Delete
NAME GENT, RONALD
STREET ADDRESS 3900 N A1A, # 704
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME WININGER, FRED
STREET ADDRESS 3920 N A1A, # 601
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/24/06
Date

772 3348906
Daytime Phone #