


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90055 017 \*\*\*\*61.25

<b>DOCUMENT # N03000003565</b> 1. Entity Name <b>OCEAN RIDGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>177 N. FEDERAL HIGHWAY</b> <b>275</b> <b>TEQUESTA, FL 33469</b>		Mailing Address <b>177 N. FEDERAL HIGHWAY</b> <b>275</b> <b>TEQUESTA, FL 33469</b>	
2. Principal Place of Business - No P.O. Box # <b>600 Sandtree Drive</b>		3. Mailing Address <b>600 Sandtree Dr</b>	
Suite, Apt. #, etc. <b>471 Ocean Ridge Way</b> <b>109</b>		Suite, Apt. #, etc. <b>109</b>	
City & State <b>JUNO BEACH, FL</b> <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens FL</b>	
Zip <b>33408</b> Country <b>Palm Beach</b>		Zip <b>33403</b> Country <b>Palm Beach</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>WRIGHT, LARRY E</b> <b>177 N. FEDERAL HIGHWAY</b> <b>275</b> <b>TEQUESTA, FL 33469</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Capital Realty Advisors, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 Sandtree Drive, Suite 109</b> <b>Juno Beach Palm Beach Gardens,</b> City <b>FL</b> Zip Code <b>33403</b>	
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 <u><i>Donna McDonald</i></u> <u>2/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WRIGHT, LARRY E 177 N. FEDERAL HIGHWAY TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Joseph Marra 454 Ocean Ridge Way Juno Beach FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PALMA, A. 12880 U.S. HIGHWAY ONE JUNO BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Arnold Kraus 465 Ocean Ridge Way Juno Beach FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CAROL 177 N. FEDERAL HIGHWAY TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sandie Hurst 456 Ocean Ridge Way Juno Beach FL 33408 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Larry Marra 451 Ocean Ridge Way Juno Beach FL 33408 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. David Santilli 458 Ocean Ridge Way Juno Beach, FL 33408 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u><i>Sandie Hurst</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/20/07</u> <u>561-624-5888</u> <small>Date Daytime Phone #</small>	