

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003565

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** OCEAN RIDGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

471 OCEAN RIDGE WAY  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

600 SANDTREE DR.  
109  
PALM BEACH GARDENS, FL 334063

**New Mailing Address:**

**FEI Number:** 56-2569446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD, DONNA  
CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DR., SUITE 109  
PALM BEACH GARDENS, FL 33403 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: KRAUS, ARNOLD  
Address: 465 OCEAN RIDGE WAY  
City-St-Zip: JUNO BEACH, FL 33408

Title: P ( ) Delete  
Name: HURST, SANDIE  
Address: 456 OCEAN RIDGE WAY  
City-St-Zip: JUNO BEACH, FL 33408

Title: S ( ) Delete  
Name: BARRON, LARRY  
Address: 451 OCEAN RIDGE WAY  
City-St-Zip: JUNO BEACH, FL 33408

Title: V ( ) Delete  
Name: SANTILLI, DAVID  
Address: 458 OCEAN RIDGE WAY  
City-St-Zip: JUNO BEACH, FL 33408

Title: D ( ) Delete  
Name: MARTIN, ED  
Address: 461 OCEAN RIDGE WAY  
City-St-Zip: JUNO BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA HURST

P

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date