
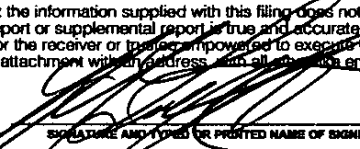


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90031 049 \*\*\*\*61.25

<b>DOCUMENT # N03000005687</b> 1. Entity Name <b>CLARIDGE BY THE SEA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10072 SO. OCEAN DR. JENSEN BEACH, FL 34957</b>			Mailing Address <b>10072 SO. OCEAN DR. JENSEN BEACH, FL 34957</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03072007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>06-1702848</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COOK, TIMOTHY 10072 S OCEAN DR. JENSEN BEACH, FL 34957</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____ <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 \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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	VPT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, WILLIAM		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	10072 S OCEAN DR #7 N		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	P		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOFFERBEIN, ROGER		NAME	<b>LOEFFELBEIN, ROGER</b>	
STREET ADDRESS	10072 S OCEAN DR 105		STREET ADDRESS	<b>10072 S. OCEAN DR 10 SOUTH</b>	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORUSSO, JOHN		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2484 SW BRIDGE VIEW TERR		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PALM CITY, FL 349901440		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			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, and all officers are empowered.					
<b>SIGNATURE:</b>  <b>Roger Loeffelbein</b> <b>3/8/07 772-229-2777</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					