


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010865	
1. Entity Name OCEAN PALMS AT NORTH HUTCHINSON ISLAND CONDOMINIUM ASSOC., INC.	

Principal Place of Business 6105 TRANSIT RD - STE 140 EAST AMHERST, NY	Mailing Address 6105 TRANSIT RD - STE 140 EAST AMHERST, NY
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-2631860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASALINO, GREGG M ESQ 3111 CARDINAL DR VERO BEACH, FL 32963
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000465558 03/22/06-80055-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUCK, DAVID A 6105 TRANSIT RD - STE 140 EAST AMHERST, NY 14051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CROSBY, BRIAN 6105 TRANSIT RD - STE 140 EAST AMHERST, NY 14051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, BRIAN 6105 TRANSIT RD - STE 140 EAST AMHERST, NY 14051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUCK, GWEN 6105 TRANSIT RD - STE 140 EAST AMHERST, NY 14051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	3/1/06	716 638 0381
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>