# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 20, 2005 8:00 am**
**Secretary of State**
04-20-2005 90306 044 ****61.25

DOCUMENT # N04683

1. Entity Name

OCEAN HARBOUR MARINA ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ELLIOTT MERRILL COMMUNITY MGMT<br>835 20TH PLACE<br>VERO BCH. FL 32960<br>US | C/O ELLIOTT MERRILL COMMUNITY MGMT<br>835 20TH PLACE<br>VERO BCH. FL 32960<br>US |

1st MOORE CR2E037 (10/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

PAID DATE CHECK #

4. FEI Number 59-2243323 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERRILL, CRAIG
835 20TH PLACE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROCK, TIM<br>5155 N A1A #C211<br>FORT PIERCE FL 34949 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FREEMAN, LEE<br>5167 N. A1A #408<br>FORT PIERCE FL 34949 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>William Siwik<br>5167 N. A1A #E304<br>Ft. Pierce, FL 34949 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MANDATO, JAMES<br>5163 N. A1A #319<br>FORT PIERCE FL 34949 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, CHARLES<br>5167 N A1A #E501<br>FORT PIERCE FL 34949 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LIVINGSTON, FRANK<br>5167 N. A1A #E401<br>FORT PIERCE FL 34949 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OSTUNI, TOM<br>5167 N. A1A #906<br>FORT PIERCE FL 34949 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Terry Patrick<br>5167 N. A1A #E808<br>Ft. Pierce, FL 34949 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** James J. Maydato 772 595-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #