
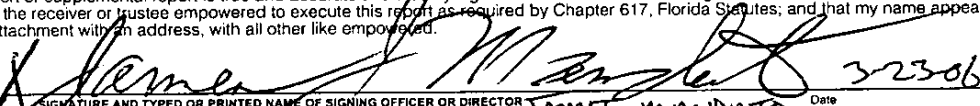


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90358 018 \*\*\*\*61.25

<b>DOCUMENT # N04683</b> 1. Entity Name <b>OCEAN HARBOUR MARINA ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BCH., FL 32960 US</b>			Mailing Address <b>C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BCH., FL 32960 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2243323</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MERRILL, CRAIG 835 20TH PLACE VERO BEACH, FL 32960</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 \$61.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCK, TIM</b>		NAME	<b>Bill Siwik</b>	
STREET ADDRESS	<b>5155 N A1A #C211</b>		STREET ADDRESS	<b>5167 N. A1A #E204</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>Ft. Pierce, FL 34949</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<del>Tim Brock</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIWIK, WILLIAM</b>		NAME	<del>5155 N A1A #E211</del>	
STREET ADDRESS	<b>5167 N. A1A E204</b>		STREET ADDRESS	<del>Ft Pierce FL 34949</del>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>Treasurer</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Mike Prendergast	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANDATO, JAMES</b>		NAME	<b>5155 N A1A #C714</b>	
STREET ADDRESS	<b>5163 N. A1A #319</b>		STREET ADDRESS	<b>Ft Pierce, FL 34949</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>Sec</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Charles Jones	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, CHARLES</b>		NAME	<b>6167 N A1A #E501</b>	
STREET ADDRESS	<b>5167 N A1A #E501</b>		STREET ADDRESS	<b>Ft. Pierce, FL 34949</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>D</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	James Mandato	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIVINGSTON, FRANK</b>		NAME	<b>5163 N A1A #D720</b>	
STREET ADDRESS	<b>5167 N. A1A #E401</b>		STREET ADDRESS	<b>Ft Pierce FL 34949</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	<b>PATRICK, TERRY</b>		NAME		
STREET ADDRESS	<b>5167 N. A1A #E808</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP		
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> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JAMES MANDATO</b> Date <b>3/23/06</b> Daytime Phone #					