

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90039 004 ****70.00

DOCUMENT # N05000005262

1. Entity Name
OCEAN DRIVE ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**241 SE 9TH AVENUE
 UNIT 209
 POMPANO BEACH FL 33060**

**241 SE 9TH AVENUE
 UNIT 209
 POMPANO BEACH FL 33060**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Ocean Drive Estates 2612243

Suite, Apt. #, etc. Suite, Apt. #, etc.

241 SE 9th Av 401 106

1st MOORE CR2E037 (10/07)

City & State City & State

Pompano Beach FL **Pompano Beach**

Zip Country Zip Country

33060 **Florida** **33061** **Florida**

4. FEI Number Applied For / Not Applicable

20-3895030

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ESQUIRE CORPORATE SERVICES, INC.
 10 NW JEUNE ROAD, STE 500
 MIAMI FL 33126**

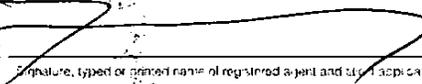
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

B. 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:  DATE: **4/29/08**

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

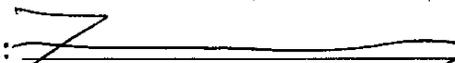
**FILE NOW: FEE IS \$61.25
 Due By May 1, 2008**

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSADA, ALEJANDRA	NAME	
STREET ADDRESS	241 SE 9TH AVENUE, UNIT 209	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, MARIELLA	NAME	
STREET ADDRESS	241 SE 9TH AVENUE, UNIT 205	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, FELIXBERTO	NAME	
STREET ADDRESS	241 SE 9TH AVENUE, UNIT 106	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **4/29/08**