2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009706

Entity Name: OCEANPARK ESTATES ASSOCIATION, INC.

FILED Feb 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2101 N ANDREWS AVE 3208 NE 4TH STREET

WILTON MANORS, FL 33311 POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

2101 N ANDREWS AVE 3208 NE 4TH STREET

WILTON MANORS, FL 33311 POMPANO BEACH, FL 33062

FEI Number: 20-5579685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEESON, JAMES M JR
2101 N ANDREWS AVE
SANFILIPPO, KEITH
3208 NE 4TH STREET

WILTON MANORS, FL 33311 US POMPANO BEACH, FL 33062 US

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.

SIGNATURE: KEITH SANFILIPPO 02/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: BEESON, J M JR Name: SANFILIPPO, KEITH

 Address:
 2101 N ANDREWS AVE
 Address:
 3208 NE 4TH STREET

 City-St-Zip:
 WILTON MANORS, FL 33311
 City-St-Zip:
 POMPANO BEACH, FL 33062

Title: VPD () Delete Title: VPD (X) Change () Addition Name: KOPLOWITZ, JOSEPH Name: GERHARDT, DAVID

 Address:
 19955 NE 38TH CT - UNIT 2601
 Address:
 3212 NE 4TH STREET

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 POMPANO BEACH, FL 33062

Title: STD () Delete Title: SD (X) Change () Addition

 Name:
 LEWIN, ISRAEL
 Name:
 GESUALDO, DOMENIC

 Address:
 2800 ISLAND BLVD - UNIT 1405
 Address:
 3232 NE 4TH STREET

 City-St-Zip:
 WILLIAMS ISLAND, FL 331604976
 City-St-Zip:
 POMPANO BEACH, FL 33062

Title: () Delete Title: TD () Change (X) Addition

 Name:
 Name:
 SIEGEL, WILLIAM

 Address:
 Address:
 3220 NE 4TH STREET

 City-St-Zip:
 City-St-Zip:
 POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH SANFILIPPO PD 02/23/2007