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

Apr 06, 2005 8:00 am Secretary of State DOCUMENT # N06562 1. Entity Name 04-06-2005 90116 043 ****61.25 OCEAN WATERWAY CO-OP, INC. Principal Place of Business Mailing Address 1500 OLD GRIFFIN RD. 1500 OLD GRIFFIN RD. **DANIA FL 33004 DANIA FL 33004** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-0383998 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NADEAU, CLAIRE 1500 OLD GRIFFIN RD DANIA FL 33004 8. The above named entity submits this statement for the purpose of changing its registered office in the State of Florida. I am the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5/00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. Vice Vresiden Delete TITLE Change TITLE Addition BOUDRAULT, LUCIEN NAME NAME 53 CATCAY CT STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete GAGNE, BERNARD NAME NAME 30 ANDREA PLACE STREET ADDRES STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-7IP Delete Addition THE ☐ Change TITLE PATENAUDE, PIERRE NAME NAME CLande 35 BARBADOS BLVD STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete LABRANCHE, RICHARD NAME 159 INAGUA STREET STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BELANGER, MAURICE NAME NAME **87 DOMINICA STREET** STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY - ST - ZIP CITY-ST-ZIP TITLE Addition Delete POULIN: PATRICK NAME NAME **54 CATCAY CT** STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 eath; 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

OR DIRECTOR

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changed, or on an attachment with an address, with all other like empowered

FILED