## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N07105

1. Entity Name

THE OCEAN CLUB OF BOCA RATON CONDOMINIUM



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

04-17-2006 90337 042 \*\*\*\*61.25

ASSOCIATION, INC.			1000					
Principal Place of Business Mailing		Mailing Address						
		2401 NORTH OCEAN B BOCA RATON FL 3343	NORTH OCEAN BOULEVARD A RATON FL 33431					
Principal Place of Business     3. Mailin		3. Mailing Address	ing Address		I HOODI IIBKI BATAI OKII DIDII DIDII DII	BH WING BINN DIN		
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	uite, Apt. #, etc.		RE CR2E037	(10/05)		
City & State Cit		City & State	ty & State		4. FEI Number 65-0110327		plied For t Applicable	
Zip	Zip Country Zip		Country	I S Certificate of Status Desired		88.75 Additional		
	6. Name and Address of Current Ri	egistered Agent	Agent		7. Name and Address of New Registered Agent			
			Name	Name				
240	LBERG, RALPH 11 N OCEAN BLVD		Street Addre	ss (P.O. Box Number is No	t Acceptable)			
	ITE 7N CA RATON FL 33431		City					
50	OA HATONTE 33431				FL	Zip Code	)	
SIGNATURE	Signature, typing or printed name of registered agent and FILE NOW: FEE IS \$61.25	9. Election Cam		\$5.00 May Be	DATE.			
	Due By May 1, 2006	Trust Fund Co	ontribution.	Added to Fees	Florida Depart	ment of S	tate	
the string of th			11.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUARINO, MICHAEL S 2401 N OCEAN BLVD. APT. 4 NORT BOCA RATON FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIE, MARY 2401 N OCEAN BLVD, #55 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-ROWE, DAVID 2401 N OCEAN BLVD #4-S BOCA RATON FL 33431	<b>★</b> Delete	TITLE NAME STREET ADDRESS 24 CITY-ST-ZIP 86	chard Mann of Nocean Bluck Raton, Fl	ud. 3343	Change	Addition	
TITLE NAME	DP KULBERG, RALPH	☐ Delete	TITLE			Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

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☐ Delete

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

2401 N OCEAN BLVD, APT 7 NORTH

**BOCA RATON FL** 

CROREY, DAVID

2401 N OLEAN BLVD 2-N

**BOCA RATON FL 33431** 

4/4/06 Mike home

1-1.1.710.7777

☐ Change

Change

☐ Addition

Addition