

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-02-2006 90044 013 ****61.25

DOCUMENT # N15410	
1. Entity Name OCEAN RIDGE YACHT CLUB HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business MANAGEMENT SERVICES 639 EAST OCEAN AVENUE STE 204 BOYNTON BEACH, FL 33435 US	Mailing Address MANAGEMENT SERVICES 639 EAST OCEAN AVENUE STE 204 BOYNTON BEACH, FL 33435 US



First Source Management, Inc
3200 N Federal Hwy #121
Boca Raton, FL 33431

First Source Management, Inc
200 N Federal Hwy #121
Boca Raton, FL 33431

62006 Chg-NP CR2E037 (11/05)

EI Number 9-2701324	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUCKABY, JANET MANAGEMENT SERVICES OF AMERICA INC 639 EAST OCEAN AVENUE STE 204 BOYNTON BEACH, FL 33435	7. Name and Address of New Registered Agent N S First Source Management, Inc 3200 N Federal Hwy #121 Boca Raton, FL 33431 C Zip Code
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: <i>[Signature]</i> DATE: 2/20/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)</small>	
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP PD LEVINE, NORMAN 5352 N OCEAN BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD SMITH, DALE D DR 5576 N OCEAN BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD ROGERS, KAREN 5588 NA OCEAN BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD VARVARIKOS, ERNIE 5582 N OCEAN BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP STEPHEN KAUSER 5592 N OCEAN BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
SIGNATURE: <i>[Signature]</i> DATE: 01-23-2006 561-374-9045 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	



ATTACHMENT

66002177

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

OCEAN RIDGE YACHT CLUB HOMEOWNERS ASSOCIATION, INC.
3200 NORTH FEDERAL HIGHWAY
SUITE 121
BOCA RATON, FL 33431 US

Subject: OCEAN RIDGE YACHT CLUB HOMEOWNERS ASSOCIATION, INC.

Reference Number:

N15410

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION