



39428

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90037 032 \*\*\*\*61.25

<b>DOCUMENT # N15410</b>					
<b>1. Entity Name</b> OCEAN RIDGE YACHT CLUB HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> FIRST SOURCE MANAGEMENT, INC 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431 US			<b>Mailing Address</b> FIRST SOURCE MANAGEMENT, INC 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431 US		
<b>2. Principal Place of Business - No P.O. Box #</b> Prime Management Inc. Suite, Apt. #, etc. 6300 Park of Commerce Blvd City & State Boca Raton, FL Zip 33487 Country USA		<b>3. Mailing Address</b> Prime Management Suite, Apt. #, etc. 6300 Park of Commerce Blvd City & State Boca Raton, FL Zip 33487 Country USA			
<b>4. FEI Number</b> 01302008 Chg-NP CR2E037 (12/06) 59-2701324		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> FIRST SOURCE MANAGEMENT, INC 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431	
<b>7. Name and Address of New Registered Agent</b> Name Street Add c/o Edwards Angell Palmer & Dodge LLP One North Clematis, Suite 400 City West Palm Beach, FL 33401				Date May 15, 2008	
<b>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.</b> SIGNATURE: <i>[Signature]</i> VP. (NOTE: Registered Agent signature required when reinstating) DATE: May 15, 2008					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, KAREN 5588 NORTH OCEAN BLVD BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBRA METRAS 5580 N Ocean Blvd Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARVARIKOS, ERNIE 5582 N OCEAN BLVD BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR Tish Goodspeed 5570A N Ocean Blvd Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUSE, STEPHEN 5592 N OCEAN BLVD BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MARIE DREHER 5578 N. Ocean Blvd Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANDAZZO, TONY 5562 A NO OCEAN BLVD BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> (MARIE DREHER)			Date: 2/27/08 Daytime Phone #: 561-731-5038		