


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90059 013 \*\*\*\*61.25

<b>DOCUMENT # N15709</b> 1. Entity Name <b>OCEAN PLACE OFFICE CONDOMINIUM OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% DOWNS PROPERTIES 777 W. HIGHWAY A1A, #201 INDIALANTIC, FL 32903</b>			Mailing Address <b>% DOWNS PROPERTIES 777 W. HIGHWAY A1A, #201 INDIALANTIC, FL 32903</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
4. FEI Number <b>59-2881382</b>			Applied For <input type="checkbox"/> Not Applicable		
<div style="display: flex; justify-content: space-between;"> <span>01062004 Chg-NP</span> <span>CR2E037 (10/03)</span> </div>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DOWNS, THOMAS M 777 W. HIGHWAY A1A, #201 INDIALANTIC, FL 32903</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="display: flex; justify-content: flex-end;"> <span style="margin-right: 10px;"><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWNS, THOMAS M		NAME		
STREET ADDRESS	777 N. HIGHWAY A1A		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL		CITY-ST-ZIP		
TITLE	VTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALL, BARBARA		NAME		
STREET ADDRESS	777 N. HIGHWAY A1A		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, NANCY		NAME		
STREET ADDRESS	777 N HWY A1A		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/1/04</b> Daytime Phone #: <b>(321) 725-3000</b>		