

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90046 029 \*\*\*\*61.25

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<b>DOCUMENT # N26523</b> 1. Entity Name <b>OCEAN WATCH FOUNDATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 5494 LIGHTHOUSE POINT, FL 33074</b>			Mailing Address <b>P.O. BOX 5494 LIGHTHOUSE POINT, FL 33074</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212005    Chg-NP    CR2E037 (10/03)	
4. FEI Number <b>65-0071849</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KACZMAREK, JOHN C ESQ. 370 W CAMINO GARDENS BOULEVARD SUITE 200B BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent -- Name -- Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIUCEVICH, JULIE		NAME	<b>JULIE CIUCEVICH</b>	
STREET ADDRESS	980 N FEDERAL HWY 304		STREET ADDRESS	<b>215 NW 25 ST, #10</b>	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33311</b>	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROE, BILL		NAME	<b>DOMINICK SENNA</b>	
STREET ADDRESS	501 N OCEAN BLVD #10		STREET ADDRESS	<b>980 N. FEDERAL HWY, #304</b>	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, GERRY		NAME	<b>ANTOINE, MARY</b>	
STREET ADDRESS	2801 PALM AIRE DR., #704		STREET ADDRESS	<b>2201 SE 9TH ST, #103</b>	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	<b>POMPANO, BCH. FL 33062</b>	
TITLE	DSP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIUCEVICH, JULIE		NAME	<b>JENNIFER HARTWIG</b>	
STREET ADDRESS	215 NW 25TH ST, #10		STREET ADDRESS	<b>5500 NW 55 BLVD.</b>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP	<b>POCONUT CREEK, FL 33073</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTOINE, MARY		NAME		
STREET ADDRESS	2201 S E 9TH STREET 103		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		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>			<b>DOMINICK SENNA</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/26/05</b> Daytime Phone # <b>561-338-7616</b>		