

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35283

FILED
Apr 26, 2007
Secretary of State

Entity Name: OCEAN HARBOUR OF ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

87851 OLD HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

91760 OVERSEAS HWY
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 65-0182787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATARINEAU, JOE
CATARINEAU & CATARINEAU CPA
91760 OVERSEAS HWY
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ALLISON, RONALD
Address: 87851 OLD HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: V () Delete
Name: STANLEY, BRYAN
Address: 87851 OLD HWY K46
City-St-Zip: ISLAMORADA, FL 33036

Title: S () Delete
Name: CURRAN, WILLIAM
Address: 87851 OLD HWY K46
City-St-Zip: ISLAMORADA, FL 33036

Title: P () Delete
Name: GILMAN, DAVID
Address: POM BOX 11007
City-St-Zip: FORT LAUDERDALE, FL 33339

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ALLISON, RONALD
Address: 87851 OLD HWY M45
City-St-Zip: ISLAMORADA, FL 33036

Title: V (X) Change () Addition
Name: STANLEY, BRYAN
Address: 87851 OLD HWY P25
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GILMAN, DAVID
Address: PO BOX 11007
City-St-Zip: FORT LAUDERDALE, FL 33339

Title: D () Change (X) Addition
Name: FOSTER, JIM
Address: 87851 OLD HIGHWAY M25
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINA GUSTINGER

PM

04/26/2007

Electronic Signature of Signing Officer or Director

Date