


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90412 039 \*\*\*\*61.25

<b>DOCUMENT # N37354</b>		
1. Entity Name OCEAN OAKS PROPERTY OWNERS' ASSOCIATION, INC.		

Principal Place of Business 835 20TH PL VERO BEACH, FL 32960 US	Mailing Address 835 20TH PL 1105 12TH STREET VERO BEACH, FL 32960 US
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**50008662**



2. Principal Place of Business		3. Mailing Address <i>835 20th Place</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Vero Beach, FL</i>	
Zip	Country	Zip <i>32960</i>	Country <i>US</i>

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3006053		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MERRILL, KAREN 835 20TH PL VERO BEACH, FL 32960		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2006</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMENS, SUSAN 2209 E. OCEAN OAKS LANE VERO BEACH, FL 32963 <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 PROCTOR, DONALD 2205 E. OCEAN OAKS LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD Proctor Donald</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2205 E. Ocean Oaks Lane</i> <i>Vero Beach, FL 32963</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILIE, PEGGY 2201 E. OCEAN OAKS LANE VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/T/D Lecakes, Gladys</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2200 E. Ocean Oaks Lane</i> <i>Vero Beach, FL 32963</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOM, DAVID 2219 E OCEAN OAKS LANE VERO BEACH, FL 32963 <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	D RYAN, PAT 2212 E OCEAN OAKS LANE VERO BEACH, FL 32963 <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	<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:** *Susan Simmens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/06* *712-231-4100*  
Date Daytime Phone #