


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90430 020 \*\*\*\*61.25

<b>DOCUMENT # N42350</b> 1. Entity Name 700 OCEAN DRIVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 700 OCEAN DRIVE JUNO BEACH, FL 33408 US			Mailing Address C/O W.W. MOLTER & SON 19940 MONA ROAD TEQUESTA, FL 33469 US		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
4. FEI Number <b>65-0121824</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  MOLTER, JAMES W. C/O W.W. MOLTER & SON 19940 MONA ROAD TEQUESTA, FL 33469				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</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	V RILEY, JAMES V	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	712 OCEAN DRIVE		NAME		
STREET ADDRESS	JUNO BEACH, FL 33408		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P MCCAMMON, DAVID	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	720 OCEAN DR.		NAME		
STREET ADDRESS	JUNO BEACH, FL 33408		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T KOBERT, REGIS	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	708 OCEAN DRIVE		NAME		
STREET ADDRESS	JUNO BEACH, FL 33408		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S CONNELL, VON	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	615 PRULINA ROAD		NAME		
STREET ADDRESS	JUPITER, FL 33477		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 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.					
<b>SIGNATURE:</b> <i>Von Connell</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>April 29, 2006</i> Daytime Phone #: <i>561-694-0720</i>					

**50018307**



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