2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N46412

Entity Name: 3600 SOUTH OCEAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3600 SOUTH OCEAN
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

3600 SOUTH OCEAN
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRIVOK, JAMES N ESQ.
% DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH, SUITE 400
WEST PALM BEACH, FL 33409 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:	D	( ) Delete
Name:	SOCOLOFSKY, GINGER	
Address:	3600 S OCEAN APT 502	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	P	( ) Delete
Name:	HAIMES, LAURA	
Address:	3600 S OCEAN APT 401	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	VP	( ) Delete
Name:	SCHEFRIN, FERNE	
Address:	3600 S OCEAN APT 202	
City-St-Zip:	S. PALM BEACH, FL 33480	
Title:	S	( ) Delete
Name:	BODE, WILLIAM	
Address:	3600 S OCEAN BLVD # 104	
City-St-Zip:	S. PALM BEACH, FL 33480	
Title:	T	( ) Delete
Name:	KILEY, CHARLES	
Address:	3600 S. OCEAN BLVD APT 601	
City-St-Zip:	S. PALM BEACH, FL 33480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LAURA HAIMES P 03/26/2009
Electronic Signature of Signing Officer or Director — Date