


80 **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90049 042 ****61.25

DOCUMENT # N47056			
1. Entity Name OCEAN HARBOR CONDOMINIUM OF FORT MYERS BEACH ASSOCIATION, INC.			
Principal Place of Business 4753 ESTERO BLVD #100 FT MYERS BEACH FL 33931		Mailing Address STERLING MGMT, SERVICES 2870 SCHERER DR N., STE 100 SAINT PETERSBURG FL 33716	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 65-0306002	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ 14241 METROPOLIS AVE SUITE 100 FT MYERS FL 33912-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI BIASA, RAY		NAME		
STREET ADDRESS	4745 ESTERO BLVD #A803		STREET ADDRESS		
CITY - ST - ZIP	FT MEYERS BEACH FL 33-3931		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, JOE		NAME		
STREET ADDRESS	4745 ESTERO BLVD. #201		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS BEACH FL 33913		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGELSON, KAY		NAME		
STREET ADDRESS	4745 ESTERO BLVD #504		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS BEACH FL 33931		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUPA, RON		NAME		
STREET ADDRESS	4745 ESTRO BLVD, #304		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS BEACH FL 33931		CITY - ST - ZIP		
TITLE	DAL	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWENSON, TIM		NAME	Don Hamilton	
STREET ADDRESS	4745 ESTERO BLVD, #1005		STREET ADDRESS	4745 Estero Blvd.	
CITY - ST - ZIP	FORT MYERS BEACH FL 33931		CITY - ST - ZIP	Ft. Myers, FL 33931	
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 exemptions contained in Section 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:  **KAY FOGELSON, PRES.** 2-15-07 727-299-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #