


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90004 025 \*\*\*\*61.25

**DOCUMENT # N96000001843**  
1. Entity Name  
**OCEAN RIDGE HOMEOWNERS ASSOCIATION OF  
MELBOURNE BEACH, INC.**



Principal Place of Business Mailing Address  
**PO BOX 510402 MELBOURNE BEACH FL 32951 US** **PO BOX 510402 MELBOURNE BEACH FL 32951 US**

66407210



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number **34-1831109** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCCULLOH, NEAL  
1065 MAITLAND CTR. COMMONS BLVD.  
MAITLAND FL 32751**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENTLEY, TERRY	
STREET ADDRESS	210 OCEAN RIDGE DRIVE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HORRUTH, CHUCK	
STREET ADDRESS	170 OCEAN CIRCLE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KNOX, KAREN	
STREET ADDRESS	122 SANIBAL WAY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JEWEL, LARRY	
STREET ADDRESS	240 OCEAN RIDGE DRIVE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUNOSSON, PATRICK	
STREET ADDRESS	254 CAPTIVA COURT	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Robertson	
STREET ADDRESS	193 Sanibal Way	
CITY-ST-ZIP	Melbourne Beach FL 32901	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Marino	
STREET ADDRESS	191 Ocean Ridge Drive	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen L. Knox, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 321676-1132  
Date Daytime Phone #

KAREN L. KNOX, TREASURER