

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 012 ****61.25

DOCUMENT # N96000001843

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



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

Mailing Address
**PO BOX 510402
MELBOURNE BEACH, FL 32951 US**

50066039



2. Principal Place of Business

3. Mailing Address

200 North First Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08182005 Chg-NP CR2E037 (10/03)

City & State

City & State
Cocoa Beach Florida

4. FEI Number
34-1831109

Applied For
Not Applicable

Zip

Country

Zip

Country

32931

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCULLOH, NEAL
1065 MAITLAND CTR. COMMONS BLVD.
MAITLAND, FL 32751**

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

**Filing Fee is \$61.25
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DG** ☐ Delete
NAME **ROBERTSON, JOAN**
STREET ADDRESS **193 SAMIBAL WAY**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARINO, GEORGE**
STREET ADDRESS **191 OCEAN RIDGE DRIVE**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **KNOX, KAREN**
STREET ADDRESS **122 SANIBAL WAY**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **JEWEL, LARRY**
STREET ADDRESS **240 OCEAN RIDGE DRIVE**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRUNOSSON, PATRICK**
STREET ADDRESS **254 CAPTIVA COURT**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Knox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-05
Date

321 784-1387
Daytime Phone #