


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006234 1. Entity Name OCEAN CREST CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 50 ELEVENTH AVENUE INDIALANTIC, FL 32903	Mailing Address 50 ELEVENTH AVENUE INDIALANTIC, FL 32903
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3613311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLIS, MICHAEL M 1221 E NEW HAVEN AVE MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, WENDY 50 ELEVENTH AVENUE #204 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, RONALD 50 ELEVENTH AVENUE #102 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYANT, DAVID 50 ELEVENTH AVENUE #304 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/05-80040-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____
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