

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90035 038 \*\*\*150.00

**DOCUMENT # P97000065317**

1. Entity Name  
OCEAN HARBOUR ESTATES AT OCEAN RIDGE, INC.



Principal Place of Business  
1200 S ROGERS CIR.  
#11  
BOCA RATON, FL 33487 US

Mailing Address  
1200 S ROGERS CIR.  
#11  
BOCA RATON, FL 33487 US

00027197



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0770970

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

POPKIN & SHURPIN, P.A.  
2499 GLADES RD., SUITE 114  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBANESE, LEONARD A 1200 S ROGERS CIR. #11 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS POPKIN, EDWARD D 2499 GLADES RD, STE 114 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOWELL, MICHAEL J 120 W GLADES RD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #