

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90010 029 ***150.00

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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**

40108022



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0770970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POPKIN & SHURPIN, P.A.
2499 GLADES RD., SUITE 111
BOCA RATON, FL 33431
*5355 Town Center Road
Ste. 801
Boca Raton, FL 33486*

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 5355 TOWN CTR RD STE 801 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HOWELL, MICHAEL J 1200 S ROGERS CIR 11 BOCA RATON, FL 33487
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 exemptions contained in Chapter 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 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

President

Date

1/15/07

Daytime Phone #

561-994-1375