

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 015 ***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

40104500



01092008 No Chg-P CR2E034 (11/05)

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

EDWARD D. POPLIN, P.A.
~~6355 TOWN CENTER ROAD~~ 301 Yamato Road
~~SUITE 801~~ #1450
BOCA RATON, FL ~~33488~~
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

Edward D Popkin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALBANESE, LEONARD A
STREET ADDRESS 1200 S ROGERS CIR. #11
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE DVS
NAME POPKIN, EDWARD D
STREET ADDRESS ~~6355 TOWN CTR RD STE 801~~ 301 Yamato Rd #1450
CITY-ST-ZIP BOCA RATON, FL ~~33488~~ 33431

TITLE DT
NAME HOWELL, MICHAEL J
STREET ADDRESS 1200 S ROGERS CIR 11
CITY-ST-ZIP 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

Officer - G/P

Date

4/25/08

Daytime Phone #

561-994-1375