


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90024 034 ****61.25

DOCUMENT # 712233			
1. Entity Name TALL OCEAN BEACH CONDOMINIUM APTS., INC.			
Principal Place of Business 755 OCEAN DR WEST KEY COLONY BEACH, FL 33051		Mailing Address C/O A.W. BEHRENS 566-B MAYFAIR RD. MANCHESTER TOWNSHIP, NJ 08759 US	
2. Principal Place of Business		3. Mailing Address <i>C/O A.W. BEHRENS</i> <i>400 Locust St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># A190</i>	
City & State		City & State <i>LAKWOOD, NJ</i>	
Zip	Country	Zip	Country
		<i>08701</i>	<i>USA</i>
4. FEI Number NOT APPLICABLE		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		7. Name and Address of New Registered Agent	
STOHL, STEPHEN A. 755 OCEAN DR W KEY COLONY BCH, FL 33051		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	
Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, ALBERT W.	NAME	
STREET ADDRESS	755 OCEAN DR WEST	STREET ADDRESS	<i>400 LOCUST ST. #A190</i>
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	CITY-ST-ZIP	<i>LAKWOOD, NJ 08701</i>
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUVE, MARILYN	NAME	
STREET ADDRESS	755 OCEAN DR WEST	STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVITT, SAMUEL	NAME	
STREET ADDRESS	755 OCEAN DR WEST	STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	CITY-ST-ZIP	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODA, RICHARD	NAME	
STREET ADDRESS	755 OCEAN DRIVE WEST	STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOHL, STEPHEN A.	NAME	
STREET ADDRESS	755 OCEAN DR WEST	STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH, FL	CITY-ST-ZIP	
TITLE	AT	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, CHRISTINE L.	NAME	
STREET ADDRESS	566 B MAYFAIR RD.	STREET ADDRESS	<i>400 LOCUST ST. #A190</i>
CITY-ST-ZIP	MANCHESTER TOWNSHIP, NJ 08759	CITY-ST-ZIP	<i>LAKWOOD NJ 08701</i>
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: <i>Christine Dunn</i> CHRISTINE DUNN AT + DIRECTOR		Date: <i>1-28-05</i> Daytime Phone #: <i>609-693-9110</i>	

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