

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90035 045 ****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	
2. Principal Place of Business		Mailing Address C/O A.W. BEHRENS 400 LOCUST STREET #A190 LAKEWOOD, NJ 08701 US	
Suite, Apt. #, etc.		3. Mailing Address <i>c/o C. DUNN 2 SPRING LAKE BLVD.</i>	
City & State		City & State <i>WARETOWN, NJ</i>	
Zip		Zip <i>08758</i>	
Country		Country <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	TD BEHRENS, ALBERT W. 400 LOCUST STREET #A190 LAKEWOOD, NJ 08701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JUVE, MARILYN 755 OCEAN DR WEST KEY COLONY BEACH, FL 33051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RHODA, RICHARD 755 OCEAN DRIVE WEST KEY COLONY BEACH, FL 33051 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MELVIN, STEPHEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 755 OCEAN DRIVE WEST KEY COLONY BEACH, FL 33051
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOHL, STEPHEN A. 755 OCEAN DR WEST KEY COLONY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD DUNN, CHRISTINE L 400 LOCUST STREET #A190 LAKEWOOD, NJ 08701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DUNN, CHRISTINE L. 2 SPRING LAKE BLVD. WARETOWN, NJ 08758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, Treasurer</i>		Date: <i>1/20/06</i> Daytime Phone #: <i>701-982-8808</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
<i>CHRISTINE DUNN</i>			