


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90176 031 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000001200			
1. Entity Name 5050 OCEAN DRIVE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 2655 N OCEAN DR STE 400 SINGER ISLAND, FL 33401		Mailing Address 2655 N OCEAN DR STE 400 SINGER ISLAND, FL 33401	
2. Principal Place of Business 5300 W. Atlantic Ave. Suite, Apt. #, etc. Suite 300 City & State Delray Beach, FL Zip 33484 Country USA		3. Mailing Address 5300 W. Atlantic Ave. Suite, Apt. #, etc. Suite 300 City & State Delray Beach, FL Zip 33484 Country USA	
4. FEI Number		Applied For <input checked="" 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 THOMAS, GERALD C 220 FRANKLIN ST SINGER ISLAND, FL 33602		7. Name and Address of New Registered Agent Name Charles A. Lubitz, Esq. Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Drive 19th Floor City West Palm Beach FL Zip Code 33401	
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 <i>Charles Lubitz</i>		DATE <i>April 29, 2005</i>	
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 NAME STREET ADDRESS CITY - ST - ZIP	D HEATON, GEORGE W 2655 N OCEAN DR STE 400 SINGER ISLAND, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Michael Donnelly 5300 W. Atlantic Ave., Suite 300 Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEATON, LEE W 2655 N OCEAN DR STE 400 SINGER ISLAND, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Richard Blum 5300 W. Atlantic Ave., Suite 300 Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TARPELL, ALAN J 8259 N MILITARY TR STE 3 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T/D Jeffrey Schattinger 5300 W. Atlantic Ave., Suite 300 Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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>Jeff Schattinger</i>		DATE <i>4/27/05</i> (561) 637-8890	
SIGNATURE (PRINTED NAME OF SIGNED OFFICER OR DIRECTOR)		DATE	
JEFF SCHATTINGER		4/27/05	