2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231260

Entity Name: BLUE OCEAN LODGE, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
5001 N OCEAN BLVD BOYNTON BCH, FL 33435					
Current Mailing Address:			New Mailin	New Mailing Address:	
5001 N OCE BOYNTON	EAN BLVD BCH, FL 3343	5			
FEI Number:	59-0965259	FEI Number Applied For ()	El Number Not Applio	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
EICK, WILSON S 26 DOUGLAS DR BOYNTON BEACH, FL 33435 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[RAFTER, ALBER 5001 N. OCEAN BOYNTON BEAC	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () ELE CHARD, JOH 5001 N OCEAN E BOYNTON BCH,	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () EICK, WILSON S 26 DOUGLAS DE BOYNTON BEAC	₹	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () I PUMO, DAVID 5001 N. OCEAN BOYNTON BEAC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E ANDRES, WALTI 5001 N OCEAN E BOYNTON BEAC	BLVD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ENSOR, MARGARET E 5001 N OCEAN BLVD BOYNTON BEACH, FL 33435	
Title: Name: Address: City-St-Zip:	DVP () I RIDDERING, ALI 5001 N OCEAN E BOYNTON BEAC	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT RAFTER PD 03/11/2009