

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714060

FILED
Mar 19, 2009
Secretary of State

Entity Name: OCEAN DRIVE MANOR, INC.

Current Principal Place of Business:

590 OCEAN DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

C/O CPM
170 OCEAN LANE DR
KEY BISCAYNE, FL 33149 US

New Mailing Address:

C/O CPM
1801 CORAL WAY #305
MIAMI, FL 33145 US

FEI Number: 59-1288439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERTIFIED PROPERTY MANAGEMENT CORP
170 OCEAN LANE DR
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

CERTIFIED PROPERTY MANAGEMENT CORP
1801 CORAL WAY #305
MIAMI, FL 33145 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:

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAYBURN, ED
Address: 590 OCEAN DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD () Delete
Name: ARCHAMBAULT, CLINT
Address: 590 OCEAN DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: LEE, RANDOLPH
Address: 590 OCEAN DR.
City-St-Zip: KEY BISCAYNE, FL

Title: D () Delete
Name: MINOR, STEVE
Address: 590 OCEAN DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: APEY, PATRICIO
Address: 590 OCEAN DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Delete
Name: AINSLEY, THOMAS
Address: 590 OCEAN DRIVE
City-St-Zip: KEY BISAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: AINSLEY, THOMAS
Address: 590 OCEAN DR.
City-St-Zip: KEY BISCAYNE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: APEY, PATRICIO
Address: 590 OCEAN DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO COHEN

RA

03/19/2009

Electronic Signature of Signing Officer or Director

Date