


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751475</b> 1. Entity Name OCEAN LANDINGS CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 900 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931 US	Mailing Address 900 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931 US
--	--

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1990847	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

GREENFIELD, HARRY  
 800 E. MERRITT ISLAND CAUSEWAY  
 SUITE 202  
 MERRITT ISLAND, FL 32952

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERHARDT, RICHARD 830 N ATLANTIS AVE APT 1407-B COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, FELIX 5201 JADE CIR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMY, JOSEPH H. 416 S BANANA RIVER BLVD COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINES, JAMES 17 ESCONDIDO CIR. UNIT 237 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, JEANNE 190 PINELLAS LN STE 208 MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000735198  
 05/10/07-80024-009 61.25

**DO NOT WRITE IN THIS SPACE**

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 file 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 explanation of the change.

**SIGNATURE:**  **4/24/06** **321-783-9430**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #