


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90084 016 ****61.25

DOCUMENT # 758524					
1. Entity Name OCEANS WEST HOMEOWNERS ASSOCIATION, INC					
Principal Place of Business 2 OCEANS WEST BLVD DAYTONA BEACH SHORES, FL 32118 US			Mailing Address 2 OCEANS WEST BLVD DAYTONA BEACH SHORES, FL 32118 US		
2. Principal Place of Business - No P.O. Box # 2 Oceans West Blvd.		3. Mailing Address 2 Oceans West Blvd.			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Daytona Beach Shores FL		City & State Daytona Beach Shores FL		4. FEI Number 59-2160309	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32118	Country USA	Zip 32118	Country USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUFF, MARK H ATTY 111 NORTH ORANGE AVENUE SUITE 2000 ORLANDO, FL 32801			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			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	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARZ, KAY	NAME			
STREET ADDRESS	3023 SOUTH ATLANTIC AVE	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	CITY-ST-ZIP			
TITLE	VP/D <input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZURHEIDE, WILLIAM	NAME	V/P Don Tarach		
STREET ADDRESS	4 OCEANS WEST BLVD. #404-D	STREET ADDRESS	3 Oceans West Blvd. # 4D7		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP	Daytona Beach Shores, FL 32118		
TITLE	T/D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRELL, WILLIAM F	NAME	T/D Ron Christopher		
STREET ADDRESS	4 OCEANS WEST BLVD. #105C	STREET ADDRESS	2 Oceans West Blvd. # 1109		
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	CITY-ST-ZIP	Daytona Beach Shores, FL 32118		
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLELLA, JERRY	NAME			
STREET ADDRESS	3 OCEANS WEST #6D7	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Kay J. Schumey, President 1/9/08</u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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