


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 765655
 1. Entity Name
 OCEAN COVE HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 150 OCEAN COVE DR 150 OCEAN COVE DRIVE
 JUPITER, FL 33477 US JUPITER, FL 33477 US

DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-2344834 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ROACH, DAVID
 150 OCEAN COVE DRIVE
 JUPITER, FL 33477

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	PD ROACH, DAVID 117 OCEAN COVE DR JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NILSON, ROBERT 17001 FRESHWIND CIRCLE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEUNIER, JOHN 130 OCEAN COVE DRIVE JUPITER, FL 33477
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 02/07/08-80007-006 61.25

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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: *Robert Nilson ROBERT NILSEN* 1/28/08 561-427-4225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #