

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N03000000385

Entity Name: OCEAN PALMS ASSOCIATION, INC.

Current Principal Place of Business:

3101 S. OCEAN DRIVE
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

3101 S. OCEAN DRIVE
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 51-0542213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHORR, MARK B
800 S.E. THIRD AVE
STE 300
FORT LAUDERDALE, FL 333161152 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLIAKOFF, RYAN
Address: 3101 S. OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: V () Delete
Name: NEWMAN, VIVIANE
Address: 3101 S. OCEAN DRIVE
City-St-Zip: HOLLYWOOD BEACH, FL 33019

Title: T () Delete
Name: MELLEMA, CAROLINE
Address: 3101 S. OCEAN DR.
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: SWATT, MARCI
Address: 3101 S. OCEAN DRIVE
City-St-Zip: HOLLYWOOD BEACH, FL 33019

Title: D () Delete
Name: BAXTER, RAYMOND
Address: 3101 S. OCEAN DRIVE
City-St-Zip: HOLLYWOOD BEACH, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARCI SWATT

S

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date