

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90040 050 ****61.25

DOCUMENT # N25106 1. Entity Name OCEAN ISLE RUBICAN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ALBERT O. SNYDER, JR 12103 LAKEWOOD CT FORT MYERS, FL 33908-2834 US			Mailing Address C/O ALBERT O. SNYDER, JR 12103 LAKEWOOD CT FORT MYERS, FL 33908-2834 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0058521	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, ALBERT O JR 12103 LAKEWOOD CT FORT MYERS, FL 33908-2834				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, DAN R		NAME		
STREET ADDRESS	4510 SE 5TH PLACE #101		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILTRANO, MARCIA M		NAME		
STREET ADDRESS	10825 FIELDWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX, VA 220304550		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, GWEN		NAME		
STREET ADDRESS	114 JUMPER LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST CHESTER, PA 19382		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIL NICHOLSON		NAME		
STREET ADDRESS	123 JACQUELINE AVE		STREET ADDRESS		
CITY-ST-ZIP	JELMAN, NJ 08075-2107		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONALD KULHAVI		NAME		
STREET ADDRESS	5837 CHITTENDEN DR.		STREET ADDRESS		
CITY-ST-ZIP	WARRENTON, VA 20187		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 life empowered.					
SIGNATURE: <i>Wil Nicholson</i> <i>Wil Nicholson</i> 2/8/08 856-441-7470					