

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

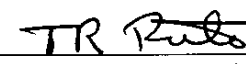
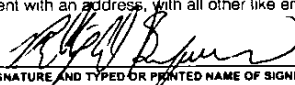
FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90003 021 ****61.25

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02092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N32750					
1. Entity Name THE OCEAN TRILLIUM SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3405 ATLANTIC AVE NEW SMYRNA BCH., FL 32169			Mailing Address 3405 ATLANTIC AVE NEW SMYRNA BCH., FL 32169		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0388495	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUTA, T.R. 3405 S ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169			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 3/16/7		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SEYMOUR, PHILIP		NAME		
STREET ADDRESS	612 PARKWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	DIAMOND, JOHN		NAME		
STREET ADDRESS	18 SOUTH ROCKWELL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31419		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	O'NEAL, ALBERTA		NAME		
STREET ADDRESS	RR#1 7561 HAMILTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	PUTMAN, ON n0l 2b0		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	Director	☒ Change ☐ Addition
NAME	MURCHIE, ALEX		NAME		
STREET ADDRESS	526 MALL DRY BEACH ROAD, RR#5		STREET ADDRESS		
CITY-ST-ZIP	WIARTON, ONTARIO, CA N0H- T0		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ELLIS, MARY		NAME		
STREET ADDRESS	217 GIBSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ANNAPOLIS, MD 21401		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Secretary/Treasurer	☐ Change ☒ 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: 			Date: March 16 2007 (407) 774-127		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		