

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751745

FILED
Mar 13, 2008
Secretary of State

Entity Name: 89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

89 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

89 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2129737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, JUDITH A MGR
89 SOUTH ATLANTIC AVE
ORMOND BEACH, FL 32176 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: SD () Delete
Name: GERARD, CLAIRE
Address: 89 S. ATLANTIC AVE., #1604
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD () Delete
Name: OLDHAM, DIANE
Address: 89 S. ATLANTIC AVE., #1002
City-St-Zip: ORMOND BCH, FL 32176

Title: TD () Delete
Name: BALOG, LOUIS
Address: 89 SOUTH ATLANTIC AVE., #604
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD () Delete
Name: BOLLENBACHER, NINA
Address: 89 S ATLANTIC AVE #105
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: TROMBETTA, JERRY
Address: 89 S ATLANTIC #1203
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CURTIS, MARILYNN
Address: 89 SOUTH ATLANTIC AVE., #505
City-St-Zip: ORMOND BEACH, FL 32176

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: NINA BOLLENBACHER

PD

03/13/2008

Electronic Signature of Signing Officer or Director

Date