

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

02-28-2008 90001 044 ****61.25

DOCUMENT # N07000009354 1. Entity Name OCEAN ACCESS PLANTATION OWNERS ASSOCIATION, INC.					
Principal Place of Business 1360 S.W. 56 AVENUE PLANTATION ISLES PLANTATION FL 33317			Mailing Address 1360 S.W. 56 AVENUE PLANTATION ISLES PLANTATION FL 33317		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 61-1539667	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPARSCONE, NICHOLAS 1360 S.W. 56 AVENUE PLANTATION FL 33317				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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when filing.)					
FILE NOW FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	P CAMPARSCONE, NICHOLAS 1360 S.W. 56 AVENUE PLANTATION FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEACH, ROBERT 1361 S.W. 56 AVENUE PLANTATION FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S-T CAMPARSCONE, BARBARA 1360 S.W. 56 AVENUE PLANTATION FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LLORENTE, CARLOS 1360 S.W. 56 AVENUE PLANTATION FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PITTS, PAT 1360 S.W. 56 AVENUE PLANTATION FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNOLD, HARRY 1360 S.W. 56 AVENUE PLANTATION FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAT KEHRLE 1361 SW 55TH AVE PLANTATION, FLORIDA 33317	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT MATHESON 1401 SW 55TH AVE PLANTATION, FLORIDA 33317	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 517, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/18/08					
Daytime Phone: (954) 533-2447					