

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007704

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: OCEAN 12 CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

17040 GULF BLVD.  
NORTH REDINGTON BEACH, FL 33708

## New Principal Place of Business:

## Current Mailing Address:

5901 SUN BLVD  
203  
ST. PETERSBURG, FL 33715

## New Mailing Address:

FEI Number: 20-3887990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWTON, WILLIAM C  
5901 SUN BLVD  
203  
ST. PETERSBURG, FL 33715 US

## Name and Address of New Registered Agent:

PBM  
5901 SUN BLVD  
203  
ST. PETERSBURG, FL 33715 US

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: WILLIAM NEWTON

01/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HELLER, CHARLES  
Address: 5901 SUN BLVD SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VD ( ) Delete  
Name: PATERSON, COLIN  
Address: 5901 SUN BLVD SUITE 203  
City-St-Zip: ST PETERSBURG, FL 33715

Title: STD ( ) Delete  
Name: BEDI, MONICA  
Address: 5901 SUN BLVD., SUITE 203  
City-St-Zip: ST PETERSBURG, FL 33715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: HELLER, CHARLES  
Address: 5901 SUN BLVD SUITE 203  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: PD (X) Change ( ) Addition  
Name: ALEJANDRO, NELSON  
Address: 5901 SUN BLVD SUITE 203  
City-St-Zip: ST PETERSBURG, FL 33715

Title: STD (X) Change ( ) Addition  
Name: BUCKNER, HAROLD  
Address: 5901 SUN BLVD., SUITE 203  
City-St-Zip: ST PETERSBURG, FL 33715

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: WCN

RA

01/29/2009

Electronic Signature of Signing Officer or Director

Date