2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751745

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Entity Name: 89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

89 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176

Current Mailing Address: New Mailing Address:

89 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176

FEI Number: 59-2129737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAILEY, JUDITH A MGR JONES, DONNEE LCAM 89 SOUTH ATLANTIC AVE 89 SOUTH ATLANTIC AVENUE US ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176

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: DONNEE JONES, LCAM 01/15/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GERARD, CLAIRE PARKER, WILLIAM Name: Name: 89 S. ATLANTIC AVE., #1604 Address: 89 SOUTH ATLANTIC AVENUE #704 Address:

City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176

Title: VD () Delete Title: (X) Change () Addition OLDHAM, DIANE Name: TROMBETTA, JERRY Name:

Address: 89 S. ATLANTIC AVE., #1002 Address: 89 SOUTH ATLANTIC AVENUE #1203 City-St-Zip: ORMOND BCH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176

Title: () Delete Title: 2VP (X) Change () Addition CURTIS, MARILYNN OLDHAM, DIANE Name: Name:

89 SOUTH ATLANTIC AVE., #505 89 SOUTH ATLANTIC AVENUE #1002 Address: Address:

City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176

(X) Change () Addition Title: PD () Delete Title: SEC Name: BOLLENBACHER, NINA Name: GERARD, CLAIRE 89 S ATLANTIC AVE #105 89 SOUTH ATLANTIC AVENUE #1604 Address: Address:

City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176 Title: () Delete Title: TREA (X) Change () Addition

TROMBETTA, JERRY CURTIS, MARILYNN Name: Name:

89 S ATLANTIC #1203 89 SOUTH ATLANTIC AVENUE #505 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176

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: DONNEE JONES, LCAM LCAM 01/15/2009