2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004733

FILED Mar 19, 2009 Secretary of State

Entity Name: OCEAN CAY COMMUNITY ASSOCIATION, INC.

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

C/O PALM BEACH PROPERTY MGT. 2200 N. FEDERAL HIGHWAY #212 BOCA RATON, FL 33431

New Mailing Address: Current Mailing Address:

C/O PALM BEACH PROPERTY MGT. 2200 N. FEDERAL HIGHWAY #212 BOCA RATON, FL 33431

FEI Number: 02-0690335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PLAZURE, LENNIE 2200 N. FÉDERAL HIGHWAY SUITE 212 BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GINDLE, ROBERT JR. Name: 103 OCEAN CAY WAY Address:

City-St-Zip: LANTANA, FL 33462

Title: SD () Delete Name: REGAN, JAMES Address: 123 OCEAN CAY WAY City-St-Zip: LANTANA, FL 33462

Title: () Delete FRAYNE, COLIN Name: Address: 2710 166TH STREET City-St-Zip: FLUSHING, NY 11358

(X) Change () Addition GINDLE, ROBERT JR. Name:

Address: 2200 N. FEDERAL HIGHWAY #212

City-St-Zip: BOCA RATON, FL 33431

Title: SD (X) Change () Addition

Name: REGAN, JAMES

Address: 2200 N. FEDERAL HIGHWAY #212

City-St-Zip: BOCA RATON, FL 33431

Title: (X) Change () Addition

Name: DANAHAY, JOLIE

2200 N. FEDERAL HIGHWAY #212 Address:

City-St-Zip: BOCA RATON, F 33431

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: ROBERT GINDEL JR. PD 03/19/2009