

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33480

FILED
Apr 05, 2009
Secretary of State

Entity Name: OCEANIA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16421 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

16421 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 56-0135252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURR, ROBERT B ESQ.
ST. JOHN CORE & LEMME, P.A.
1601 PORUM PLACE, SUITE 701
WEST PALM BEACH, FL 33401 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: DP () Delete
Name: LAMSTER, IRENE
Address: 16421 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DT () Delete
Name: MINCOW, ROBERT
Address: 16421 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: DS () Delete
Name: HUMBERSTONE, KRIS
Address: 16421 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: DV () Delete
Name: SPILOTIS, SUZANNE
Address: 16421 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D () Delete
Name: SPOKKEN, WILLIAM
Address: 16421 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MINCOW, ROBERT
Address: 16421 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DS (X) Change () Addition
Name: VILLAR, MARIO
Address: 16421 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: DT (X) Change () Addition
Name: HUMBERSTONE, KRIS
Address: 16421 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: ROBERT MINCOW

PRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date