

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724534

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: OCEANUS OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

199 HIGHWAY A1A  
SATELLITE BEACH, FL 32937

## New Principal Place of Business:

## Current Mailing Address:

199 HIGHWAY A1A  
SATELLITE BEACH, FL 32937

## New Mailing Address:

FEI Number: 59-1713242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCOY, ANN  
199 HWY A1A APT D-104  
SATELLITE BEACH, FL 32937 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: DS ( ) Delete  
Name: TINDAL, PATRICIA  
Address: 199 HWY A1A RD. D-211  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DAS ( ) Delete  
Name: COLLEN-CAULFIELD, JEANNE  
Address: 199 HWY A1A APT B-201  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DT ( ) Delete  
Name: STEPHENS, CHARLES E  
Address: 199 HWY A1A 209D  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DP ( ) Delete  
Name: MCCOY, ANN  
Address: 199 HWY A1A APT D-104  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DVP ( ) Delete  
Name: LOUGHERY, JOHN  
Address: 1020 STARLING WAY  
City-St-Zip: VIERA, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BOEHM, TOM  
Address: 199 HWY A1A APT C-104  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES E STEPHENS

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date