

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751745

FILED
Mar 25, 2010
Secretary of State

Entity Name: 89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

89 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

89 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2129737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DONNEE LCAM
89 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176 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: PRES
Name: PARKER, WILLIAM
Address: 89 SOUTH ATLANTIC AVENUE #704
City-St-Zip: ORMOND BEACH, FL 32176

Title: 1VP
Name: ANTONIO, SAMUEL
Address: 89 SOUTH ATLANTIC AVENUE #1206
City-St-Zip: ORMOND BEACH, FL 32176

Title: 2VP
Name: ALLEN, RICHARD
Address: 8617 WHISPERING WILLOW COURT
City-St-Zip: ORLANDO, FL 32885

Title: SEC
Name: CURTIS, MARILYNN
Address: 89 SOUTH ATLANTIC AVENUE #505
City-St-Zip: ORMOND BEACH, FL 32176

Title: TREA
Name: JUENGST, MARILYN
Address: 89 SOUTH ATLANTIC AVENUE #403
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: DONNEE JONES

LCAM

03/25/2010

Electronic Signature of Signing Officer or Director

Date