••••••				
	AN RESIDENCE NORTH TE BEACH, FL 32937 US			
FEI Num	ber: 59-0243516	Certificate of Status Desired: No		
Name an	d Address of Current Registered	Agent:		
SATELLITE	NRESIDENCE CT BEACH, FL 32937 US			
The above na	amed entity submits this statement for the purpose	e of changing its registered office or reg	gistered agent, or both, in the State of F	lorida.
SIGNATL	JRE:			
	Electronic Signature of Registered A	gent		Date
Officer/D	irector Detail :			
Title	TD	Title	PD	
Name	KEMPS, SCOTT M	Name	CROWE, KEN	

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 750231** 

Entity Name: OCEAN RESIDENCE NORTH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:** 

263 OCEAN RESIDENCE NORTH SATELLITE BEACH, FL 32937

# **Current Mailing Address:**

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Title	TD	Title	PD
Name	KEMPS, SCOTT M	Name	CROWE, KEN
Address	263 OCEAN RESIDENCE CT	Address	255 OCEAN RESIDENCE CT
City-State-Zip:	SATELLITE BEACH FL 32937	City-State-Zip:	SATELLITE BEACH FL 32937

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.

Т

Electronic Signature of Signing Officer/Director Detail