

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762055

**Entity Name:** OCEAN WINDS ASSOCIATION, INC.

**Current Principal Place of Business:**

4125 OCEAN BEACH BLVD.  
SUITE 11  
COCOA BEACH, FL 32931

**Current Mailing Address:**

4125 OCEAN BEACH BLVD.  
SUITE 11  
COCOA BEACH, FL 32931 US

**FEI Number:** 59-2760691

**Certificate of Status Desired:** No

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

MARTIN, SUSAN E  
4125 OCEAN BCH BLVD.  
#11  
COCOA BCH, FL 32931 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:** SUSAN E. MARTIN

04/30/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name MARTIN, SUSAN E.  
Address 4125 OCEAN BEACH BLVD.  
SUITE 11  
City-State-Zip: COCOA BEACH FL 32931

Title P  
Name SYKES, THOMAS  
Address 4125 OCEAN BLVD., #4  
City-State-Zip: COCOA BEACH FL 32931

Title V  
Name LINN, THOMAS MR  
Address 4125 OCEAN BLVD., #10  
City-State-Zip: COCOA BEACH FL 32931

Title S  
Name SYKES, BETSY  
Address 4125 OCEAN BLVD., #4  
City-State-Zip: COCOA BEACH FL 32931

*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:** SUSAN E. MARTIN

TREASURER

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date