

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703200

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** OCEAN TERRACE CONDOMINIUM ASSOCIATION OF NAPLES,INC.

**Current Principal Place of Business:**

1500 GULF SHORE BLVD.N.  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

1250 TAMIAMI TRAIL NORTH  
211  
NAPLES, FL 34102 US

**New Mailing Address:**

1250 TAMIAMI TRAIL NORTH  
302  
NAPLES, FL 34102 US

**FEI Number:** 59-1160697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCULLIN & SOBELMAN PA  
1250 TAMIAMI TRAIL NORTH #211  
NAPLES, FL 34102 US

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

SCULLIN & SOBELMAN PA  
1250 TAMIAMI TRAIL NORTH #302  
NAPLES, FL 34102 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:

03/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: IORIO, JENNIFER  
Address: 1500 GULF SHORE BLVD. N  
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete  
Name: DONALDSON, BILL  
Address: 1500 GULF SHORE BLVD NO  
City-St-Zip: NAPLES, FL 34102

Title: VD ( ) Delete  
Name: LEWALLEN, ANNE  
Address: 1500 GULF SHORE BLVD. N  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: CLARK, NORMA  
Address: 1500 GULF SHORE BLVD. N  
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete  
Name: KELLING, KEITH  
Address: 1500 GULF SHORE BLVD. N  
City-St-Zip: NAPLES, FL 34012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JENNIFER IORIO

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date