

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90047 014 ****61.25

DOCUMENT # 708194

1. Entity Name
OCEAN AIRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**607 A WEST JEFFERSON STREET
LAGRANGE, KY 40031 US**

Mailing Address
**607-A WEST JEFFERSON STREET
LAGRANGE, KY 40031 US**

DO NOT WRITE IN THIS SPACE



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
31-2057432

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Susan Hughes
MORGAN, MARJORIE P.
217 GLEASON STREET
SUITE F
DELRAY BCH., FL 33483

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan Hughes*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	D'ISIDORO, JOHN M.
STREET ADDRESS	27955 PERGL ROAD
CITY-ST-ZIP	SOLOON, OH 44139
TITLE	D
NAME	HUGHES, ANN M
STREET ADDRESS	1028 CASVARINA
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	TD
NAME	MORGAN, MARJORIE P.
STREET ADDRESS	607-A WEST JEFFERSON STREET
CITY-ST-ZIP	LA GRANGE, KY 40031
TITLE	SD
NAME	CLORE, LEE
STREET ADDRESS	P.O. BOX 21
CITY-ST-ZIP	CRESTWOOD, KY 40014
TITLE	D
NAME	HUNT, MRS. JAMES W
STREET ADDRESS	8803 CHADWICK COURT
CITY-ST-ZIP	LOUISVILLE, KY
TITLE	PD
NAME	HUGHES, SUSAN
STREET ADDRESS	217 F GLEASON ST UNIT F
CITY-ST-ZIP	DELRAY BEACH, FL 33483

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07 **561-278** **5236**