# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# 713856

**Entity Name:** OCEAN CLUB SOUTH MANAGEMENT, INC.

**Current Principal Place of Business:**

4168 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

4168 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

**FEI Number: 59-1216594** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SURFCOAST REALTY, INC.
4168 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 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: | PD | ( ) Delete |
| Name: | MCLEOD, JEFF | |
| Address: | 2240 GILLIS CT | |
| City-St-Zip: | MAITLAND, FL 32751 | |
| Title: | SEC | ( ) Delete |
| Name: | ODONNELL, SIOBAHN | |
| Address: | PO BOX 3664 | |
| City-St-Zip: | ORLANDO, FL 32802 | |
| Title: | TD | ( ) Delete |
| Name: | MCLEOD, DAVID | |
| Address: | 930 N TEXAS AVE | |
| City-St-Zip: | ORLANDO, FL 32804 | |
| Title: | D | ( ) Delete |
| Name: | PREDDY, JACK | |
| Address: | 100 TRISMAN TER | |
| City-St-Zip: | WINTER PARK, FL 32789 | |
| Title: | D | ( ) Delete |
| Name: | ROBINSON, ROBBIE | |
| Address: | 1800 SANTA MARIA PL | |
| City-St-Zip: | ORLANDO, FL 32806 | |
| Title: | D | ( ) Delete |
| Name: | HOPE, KAREN | |
| Address: | 7915 S E 12TH CIRCLE | |
| City-St-Zip: | OCALA, FL 34480 | |

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

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | TD | (X) Change ( ) Addition |
| Name: | HUHN, ALICE | |
| Address: | 4875 MURRAY LEE LANE | |
| City-St-Zip: | ORLANDO, FL 32806 | |
| 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: ROBERT DEL ROSE RA 01/14/2009

Electronic Signature of Signing Officer or Director — Date