

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715599

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: O.C.N. MANAGEMENT, INC.

**Current Principal Place of Business:**

4821 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4821 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 59-1294365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURPHY, ELIZABETH  
4821 SAXON DR  
NEW SMYRNA BCH, 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: D ( ) Delete  
Name: ARMAS, DAVID  
Address: 2017 NELA AVE  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: SCHMIDT, THOMAS P  
Address: 24554 CALUSA BLVD  
City-St-Zip: EUSTIS, FL 32736

Title: DST ( ) Delete  
Name: DONOHUE, JAN  
Address: 2 STYMIE LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: DELOZIER, JOHN  
Address: 810 EUCLID AVE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: ERLANDSON, RICK  
Address: 940 DYSON DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: UHER, EDWARD  
Address: 2813 VISTA DRIVE  
City-St-Zip: HUNTSVILLE, AL 35803

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

Title: DP (X) Change ( ) Addition  
Name: DE ARMAS, DAVID  
Address: 2017 NELA AVE  
City-St-Zip: ORLANDO, FL 32809

Title: D (X) Change ( ) Addition  
Name: DE ARMAS, DELTON  
Address: 9750 S MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34476

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

Title: D (X) Change ( ) Addition  
Name: KOLANKOWSKY, EUGENE  
Address: 242 MALONEY RD  
City-St-Zip: WAPPINGERS FALLS, NY 12590

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: JANET B DONOHUE

S/T

04/28/2009

Electronic Signature of Signing Officer or Director

Date