2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# 715599

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: DP
Name: DE ARMAS, DAVID
Address: 2017 NELA AVE
City-St-Zip: ORLANDO, FL 32809

Title: D
Name: CLOUD, BARBARA
Address: 35543 ESTES ROAD
City-St-Zip: EUSTIS, FL 32736

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

Title: D
Name: KOLANKOWSKY, EUGENE
Address: 242 MALONEY RD
City-St-Zip: WAPPINGERS FALLS, NY 12590

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

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

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: DAVID DEARMAS DP 01/10/2012

Electronic Signature of Signing Officer or Director Date