2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718731

FILED Apr 16, 2009 Secretary of State

Entity Name: ORMOND-BY-THE-SEA ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1601 OCEANSHORE BLVD ORMOND BEACH, FL 32176 **Current Mailing Address: New Mailing Address:** 1601 OCEANSHORE BLVD ORMOND BEACH, FL 32176 FEI Number: 59-2314359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIRKEL, EARL 1601 OCEAN SHORE BLVD, #103 ORMOND BEACH, FL 32176 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MCLELLAN, JOHN LOCKWOOD, DANNY Name: Name: 455 HOLLY HILL RD Address: P.O. BOX 982 Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: WESTMINISTER, SC 29693 Title: TD Title: () Delete () Change () Addition HANLEY, KELLY Name: Name: Address: 4187 VOLLY LANE Address: City-St-Zip: NORCROSS, GA 30092 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition LOCKWOOD, ROBERT HOBBS, JULIUS Name: Name: 150 LAWN MARKET DRIVE 2602 DORENE DRIVE Address: Address: City-St-Zip: SHARPSBURG, GA 30277 City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: PD (X) Change () Addition Name: HODNETT, MORRIS Name: HODNETT, MORRIS 6767 BLACK TWIG COURT Address: Address: 6767 BLACK TWIG COURT City-St-Zip: RIVERDALE, GA 30274 City-St-Zip: RIVERDALE, GA 30274 Title: PD () Delete Title: SD (X) Change () Addition HODGE, JEFF COOPER, EMILY Name: Name: 5870 STONE LEIGH DR 4776 MASTERS COURT Address: Address: City-St-Zip: SUWANEE, GA 30024 City-St-Zip: DULUTH, GA 30096 Title: () Delete Title: () Change () Addition ROBERTS, MARGARET Name: Name: Address: 1601 OCEAN SHORE BLVD, #106 Address: ORMOND BEACH, FL 32176 City-St-Zip: 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: EARL FIRKEL MGR 04/16/2009