

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 725489

1. Entity Name
OCEAN OFFICE PLAZA ASSOCIATION INC



Principal Place of Business

**302 THIRD STREET
SUITE 5**

NEPTUNE BEACH, FL 32266 US

Mailing Address

**302 THIRD STREET
SUITE 5**

NEPTUNE BEACH, FL 32266 US



02052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1663699

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZISSER, CAROLYN S
302 THIRD ST.
SUITE 6
NEPTUNE BEACH, FL 32266**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZISSER, CAROLYN S
STREET ADDRESS 302 THIRD ST., STE. 6
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE STD
NAME LINGER, DAVID M
STREET ADDRESS 302 THIRD ST SUITE 5
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE VPD
NAME YOUNG, A STUART
STREET ADDRESS 302 THIRD ST SUITE 3
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000819671
02/15/08-80092-007 61.25

**DO NOT WRITE
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

DAVID M. LINGER

2/5/08

904 241-5858

Date

Daytime Phone #