2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# 732763

Entity Name: OCEAN INLET YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2100 N. PENINSULA AVE.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

2100 N PENINSULA AVE
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 59-1672772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKER, PATTI A.
C/O NORTH SHORE MANAGEMENT GROUP
533 N. NOVA RD STE 211
ORMOND BEACH, FL 32174 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: MILLER, WILLIAM
Address: 147 VARIETY TREE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Delete
Name: CHASE, STEVEN
Address: 2100 N PENNINSULA AVE #114
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete
Name: MILLER, STEPHEN
Address: 4528 NORMANDALE HIGHLANDS CIRCLE
City-St-Zip: BLOOMINGTON, MN 55437

Title: VPD ( ) Delete
Name: SOPER, BRENDA
Address: 1619 RUTLEDGE ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: MCFADDEN, LOIS
Address: 2100 N PENINSULA #304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CHASE, STEVEN
Address: 2100 N PENNINSULA AVE #114
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

Title: STD (X) Change ( ) Addition
Name: MCFADDEN, LOIS
Address: 2100 N PENINSULA #304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM MILLER PD 03/13/2007

Electronic Signature of Signing Officer or Director — Date