2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732763

FILED Apr 06, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2100 N. PENINSULA AVE. NEW SMYRNA BEACH, FL 32169 **Current Mailing Address: New Mailing Address:** P. O. BOX 2749 DAYTONA BEACH, FL 32115 US FEI Number: 59-1672772 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: BARKER, PATTI A C/O NORTH SHORE MANAGEMENT GROUP 313 SOUTH ATLANTIC AVE DAYTONA BEACH, FL 32118 US 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: () Delete () Change () Addition MILLER, WILLIAM Name: Name: 147 VARIETY TREE CIRCLE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition CHASE, STEVEN Name: STARKEY, CRAIG Name: Address: 2100 N PENNINSULA AVE #114 Address: POST OFFICE BOX 1803 City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: WINTER PARK, FL 32790 Title: () Delete Title: (X) Change () Addition MILLER, STEPHEN LARSON, TAMI Name: Name: 5100 WEST 102ND STREET #103 3337 HORSESHOE DRIVE Address: Address: City-St-Zip: BLOOMINGTON, MN 55437 City-St-Zip: LONGWOOD, FL 32779 (X) Change () Addition Title: VPD () Delete Title: SD Name: MONROE, TODD Name: NAPOLI, CAROL 2100 N. PENINSULA AVENUE, #201 Address: 9167 ROYAL GATE DRIVE Address: City-St-Zip: WINDEMERE, FL 34786 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: () Delete Title: (X) Change () Addition MCFADDEN, LOIS MCFADDEN, LOIS Name: Name: 2100 N PENINSULA #304 2100 N PENINSULA #304 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: WILLIAM MILLER P 04/06/2009