

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734548

FILED
Feb 27, 2009
Secretary of State

Entity Name: OCEAN VIEW ASSOCIATION, INC.

Current Principal Place of Business:

2370 NE OCEAN BLVD
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34996 US

New Mailing Address:

FEI Number: 59-1877464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MGMT LLC
1111 SE FEDERAL HWY
SUITE
STUART, FL 34994 US

Name and Address of New Registered Agent:

ADVANTAGE PROPERTY MGMT LLC
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 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

02/27/2009

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMON, LOU
Address: 2375 NE OCEAN BLVD D 204
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: NEIBER, MIKE
Address: 2370 NE OCEAN BLVD A306
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: MOORE, BURT
Address: 2370 NE OCEAN BLVD A101
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: SCHOENBERG, DICK
Address: 2375 NE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: VPD () Delete
Name: CAPUTO, JAMES
Address: 2370 NE OCEAN BLVD B206
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMON, LOU
Address: 2375 NE OCEAN BLVD. # D 204
City-St-Zip: STUART, FL 34996

Title: D (X) Change () Addition
Name: NEIBER, MIKE
Address: 2370 NE OCEAN BLVD. #A306
City-St-Zip: STUART, FL 34996

Title: TD (X) Change () Addition
Name: MOORE, BURT
Address: 2370 NE OCEAN BLVD. # A101
City-St-Zip: STUART, FL 34996

Title: SD (X) Change () Addition
Name: SCHOENBERG, DICK
Address: 2375 NE OCEAN BLVD. #D-203
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
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: LOU SIMON

Electronic Signature of Signing Officer or Director

PRES

02/27/2009

Date