


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90026 003 \*\*\*\*61.25

<b>DOCUMENT # 742177</b> 1. Entity Name <b>OCEAN PARK OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>333 TAYLOR AVENUE CAPE CANAVERAL, FL 32920</b>			Mailing Address <b>333 TAYLOR AVENUE CAPE CANAVERAL, FL 32920</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1896832</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RIGERMAN, MARILYN 200 NORTH FIRST STREET COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EAGER, BARBARA <del>303 TAYLOR AVE</del> <b>350 FILLMORE AVE, #18</b> CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>350 FILLMORE AVE, #18</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORMAN, HYMAN <del>351 TAYLOR AVENUE</del> <b>520 E20</b> CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>351 TAYLOR AVE, E20</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD/IT ROONEY, KATHRYN <del>4545 SENECA AVENUE</del> COCOA, FL 32926		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD/IT</b> <b>4545 SENECA AVE.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDUC, RAYMOND <del>350 FILLMORE AVE #F23</del> CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DO NOT DELETE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>WIEDINGER, TOM</del> <del>1525 MINUTEMEN #203</del> COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Kathryn A. Rooney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/28/08</i> Daytime Phone # <i>3216370588</i>		