

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 742177

1. Entity Name
OCEAN PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business
**333 TAYLOR AVENUE
 CAPE CANAVERAL, FL 32920**

Mailing Address
**333 TAYLOR AVENUE
 CAPE CANAVERAL, FL 32920**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01102008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1896832 Applied For
 Not Applicable

5. Certificate of Status Desired **3** **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

**RIGERMAN, MARILYN
 200 NORTH FIRST STREET
 COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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: _____
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EAGER, BARBARA 309 TAYLOR AVE 350 FILLMORE AVE, #18 CAPE CANAVERAL, FL 32920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 FILLMORE AVE, #18
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORMAN, HYMAN 351 TAYLOR AVENUE 520 820 CAPE CANAVERAL, FL 32920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 351 TAYLOR AVE, 820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD/IT ROONEY, KATHRYN 4545 SENECA AVENUE COCOA, FL 32926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD/IT 4545 SENECA AVE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDUC, RAYMOND 350 FILLMORE AVE #F23 CAPE CANAVERAL, FL 32920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DO NOT DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIEDINGER, TOM 1525 MINUTEMEN #203 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
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.

SIGNATURE: Kathryn A. Rooney **1/28/08** **3216370588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #