2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# 742177

Entity Name: OCEAN PARK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

333 TAYLOR AVENUE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

333 TAYLOR AVENUE
CAPE CANAVERAL, FL 32920

New Mailing Address:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931

FEI Number: 59-1896832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RIGERMAN, MARILYN A
200 NORTH FIRST STREET
COCOA BEACH, FL 32931 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: MARILYN A. RIGERMAN 05/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EAGER, BARBARA
Address: 350 FILLMORE AVE, F18
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VD ( ) Delete
Name: FORMAN, HYMAN
Address: 351 TAYLOR AVE, E20
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SDT ( ) Delete
Name: ROONEY, KATHRYN
Address: 4545 SENECA AVE
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete
Name: BOLDUC, RAYMOND
Address: 350 FILLMORE AVE #F23
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: T (X) Delete
Name: WIEDINGER, TONI
Address: 1525 MINUTEMEN #203
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: MCCARTHY, DAVID
Address: 350 FILLMORE AVENUE F6
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DS (X) Change ( ) Addition
Name: ROONEY, KATHRYN
Address: 4545 SENECA AVE
City-St-Zip: COCOA, FL 32926

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

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: BARBARA EAGER P 05/20/2009
Electronic Signature of Signing Officer or Director Date