## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748139** 

FILED Feb 05, 2009 Secretary of State

| Current Mailing Address:  Current Mailing Address:  New Mailing Address:  200 N. 1ST ST. COCOA BEACH, FL 32931  FEI Number: 59-1968756 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent  Neillsen, ALICE 315 BUCHANNAN AVE #101  CAPE CANAVERAL, FL 32920 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS A  Title: PD ( ) Delete  Name: Address: 302 LINCOLIN AVE # 3  City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip: Title: TD ( ) Delete  Name: Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip: City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip: Title: SD ( ) Delete  Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip: Title: SD ( ) Delete  Name: Address: Address: 302 LINCOLIN AVE # 5  Address: 302 LINCOLIN AVE # 5  Address: 302 LINCOLIN AVE # 5   |   |                               |                     |                  |                             | ,  |  |  |
|--|---|-------------------------------|---------------------|------------------|-----------------------------|--|--|--|
| Current Mailing Address:  Current Mailing Address:  New Mailing Address:  200 N. 1 ST ST. COCOA BEACH, FL 32931  FEI Number: 59-1968756 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent  Neillsen, ALICE 315 BUCHANAN AVE #101  CAPE CANAVERAL, FL 32920 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS A  Title: PD ( ) Delete Name: Address: 302 LINCOLIN AVE # 3 City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip: Title: TD ( ) Delete Name: Address: 303 LINCOLIN AVE #, 101  City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip: Title: SD ( ) Delete Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip: Title: SD ( ) Delete Name: Address: Address: 302 LINCOLIN AVE # 5  Address: 302 LINCOLIN AVE # 5  Address: 302 LINCOLIN AVE # 6  Address: 302 LINCOLIN AVE # 7  Address: 302 LINCOLIN AVE # 6  Address: 302 LINCOLIN AVE # 6 | Entity Nar                                    | me: OCEAN M                   | MIST OWNERS A       | SSOCIATION, I    | NC.                         |  |  |  |
| 200 N. 1ST ST. COCOA BEACH, FL 32931  FEI Number: 59-1968756 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status.  Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent Neilsen, ALICE 315 BUCHANAN AVE #101 CAPE CANAVERAL, FL 32920 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent  | Current Principal Place of Business:          |                               |                     |                  | New Principal Pl            | New Principal Place of Business:             |  |  |
| 200 N. 1ST ST. COCOA BEACH, FL 32931  FEI Number: 59-1968756 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status.  Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent Neilsen, ALICE 315 BUCHANAN AVE #101 CAPE CANAVERAL, FL 32920 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent  |   |                               | 931                 |                  |                             |  |  |  |
| FEI Number: 59-1968756 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status  Name and Address of Current Registered Agent: Name and Address of New Registered A  NEILSEN, ALICE 315 BUCHANAN AVE #101 CAPE CANAVERAL, FL 32920 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date  OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS A  Title: PD ( ) Delete   Title: ( ) Change ( ) Addition Name: LYONS, RON   Name: Address: Otty-St-Zip: CAPE CANAVERAL, FL 32920   City-St-Zip: Title:   TD ( ) Delete   Title: ( ) Change ( ) Addition Name: NIELSEN, ALICE   Name: Address: 315 BUCHANAN AVE., #101   Address: City-St-Zip: CAPE CANAVERAL, FL 32920   City-St-Zip: Title:   SD ( ) Delete   Title: ( ) Change ( ) Addition Name: NIELSEN, ALICE   Name: Address: 315 BUCHANAN AVE., #101   Address: City-St-Zip: CAPE CANAVERAL, FL 32920   City-St-Zip: Title:   SD ( ) Delete   Title: ( ) Change ( ) Addition Name: PHILLIPS, BARBARA   Name: Address: 302 LINCOLN AVE # 5   | Current Mailing Address:                      |                               |                     |                  | New Mailing Add             | New Mailing Address:                         |  |  |
| Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name and Address of New Registered Agent:  Name and Address of New Registered Agent  NELSEN, ALICE 315 BUCHANAN AVE #101 CAPE CANAVERAL, FL 32920 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS A  Title:  PD () Delete  Title: () Change () Addition Name:     LYONS, RON     Address:     Otty-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip:  Title: TD () Delete     Title: () Change () Addition Name: NIELSEN, ALICE Address: 315 BUCHANAN AVE., #101 City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip: CAPE CANAVERAL, FL 32920  City-St-Zip:  Title: SD () Delete     Title: () Change () Addition Name: NIELSEN, ALICE Address: 315 BUCHANAN AVE., #101 City-St-Zip:  Title: SD () Delete     Title: () Change () Addition Name: Address: () Change () Addition Name: NIELSEN, BARBARA Address: 302 LINCOLN AVE # 5  | 200 N. 1ST<br>COCOA B                         | ГST.<br>EACH, FL 329          | 931                 |                  |                             |  |  |  |
| NEILSEN, ALICE 315 BUCHANAN AVE #101 CAPE CANAVERAL, FL 32920 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date    OFFICERS AND DIRECTORS:   ADDITIONS/CHANGES TO OFFICERS A  Title: PD () Delete   Title: () Change () Addition Name: LYONS, RON Name: Address: 302 LINCOLN AVE # 3 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:  Title: TD () Delete   Title: () Change () Addition Name: NIELSEN, ALICE Name: NIELSEN, ALICE Name: Address: 315 BUCHANAN AVE., #101 Address: 315 BUCHANAN AVE., #101 City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:  Title: SD () Delete Title: () Change () Addition Name: PHILLIPS, BARBARA Name: Address: 302 LINCOLN AVE # 5 Address: Address:   | FEI Number:                                   | : 59-1968756                  | FEI Number Appli    | ed For()         | FEI Number Not Applicable ( | ) Certificate of Status Desired ( )          |  |  |
| 315 BUCHANAN AVE #101 CAPE CANAVERAL, FL 32920 US  The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date  OFFICERS AND DIRECTORS:   ADDITIONS/CHANGES TO OFFICERS A  Title: PD () Delete   Title: () Change () Addition Name: LYONS, RON   Name: Address: 302 LINCOLN AVE # 3   City-St-Zip: CAPE CANAVERAL, FL 32920   City-St-Zip:  Title: TD () Delete   Title: () Change () Addition Name: NIELSEN, ALICE   Name: Address: 315 BUCHANAN AVE., #101   Address: City-St-Zip: CAPE CANAVERAL, FL 32920   City-St-Zip: City-St-Zip: CAPE CANAVERAL, FL 32920   City-St-Zip: Title: SD () Delete   Title: () Change () Addition Name: PHILLIPS, BARBARA   Name: Address: 302 LINCOLN AVE # 5   Address: Address: 302 LINCOLN AVE # 5  | Name and Address of Current Registered Agent: |                               |                     |                  | Name and Addre              | Name and Address of New Registered Agent:    |  |  |
| in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS A  Title: PD () Delete Title: () Change () Addition Name: Address: 302 LINCOLN AVE # 3 Address: City-St-Zip: CAPE CANAVERAL, FL 32920  Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920  Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920  Title: SD () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920  Title: SD () Delete Title: () Change () Addition Name: Address: 302 LINCOLN AVE # 5   | 315 BUCH                                      | IANAN AVE #1                  |                     |                  |                             |  |  |  |
| Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS A  Title: PD () Delete Title: () Change () Addition Name: LYONS, RON Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:  Title: TD () Delete Title: () Change () Addition Name: NIELSEN, ALICE Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:  Title: SD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Address: 302 LINCOLN AVE # 5   |   |                               | submits this stater | nent for the pur | pose of changing its regis  | tered office or registered agent, or both,   |  |  |
| Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS A  Title: PD () Delete Title: () Change () Addition Name: LYONS, RON Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:  Title: TD () Delete Title: () Change () Addition Name: NIELSEN, ALICE Name: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:  Title: SD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Address: 302 LINCOLN AVE # 5   | SIGNATUR                                      | RE:                           |                     |                  |                             |  |  |  |
| Title:         PD         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         LYONS, RON         Name:         Address:         City-St-Zip:         City-St-Zip:         City-St-Zip:         ( ) Change ( ) Addition           Title:         TD         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         Name:         Address:         Address:           City-St-Zip:         CAPE CANAVERAL, FL 32920         City-St-Zip:           Title:         SD         ( ) Delete         Title:         ( ) Change ( ) Addition           Name:         PHILLIPS, BARBARA         Name:           Address:         302 LINCOLN AVE # 5         Address:  | Electronic Signature of Registered Agent      |                               |                     |                  |                             | Date   |  |  |
| Name:         LYONS, RON         Name:           Address:         302 LINCOLN AVE # 3         Address:           City-St-Zip:         CAPE CANAVERAL, FL 32920         City-St-Zip:           Title:         TD () Delete         Title: () Change () Addition           Name:         Name:         Address:           Address:         315 BUCHANAN AVE., #101         Address:           City-St-Zip:         CAPE CANAVERAL, FL 32920         City-St-Zip:           Title:         SD () Delete         Title: () Change () Addition           Name:         PHILLIPS, BARBARA         Name:           Address:         302 LINCOLN AVE # 5         Address:  | OFFICERS AND DIRECTORS:                       |                               |                     |                  | ADDITIONS/CHA               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Name:         NIELSEN, ALICE         Name:           Address:         315 BUCHANAN AVE., #101         Address:           City-St-Zip:         CAPE CANAVERAL, FL 32920         City-St-Zip:           Title:         SD () Delete         Title: () Change () Addition           Name:         PHILLIPS, BARBARA         Name:           Address:         302 LINCOLN AVE # 5         Address:   | Name:<br>Address:                             | LYONS, RON<br>302 LINCOLN     | AVE # 3             |                  | Name:<br>Address:           | ( ) Change ( ) Addition                      |  |  |
| Name:PHILLIPS, BARBARAName:Address:302 LINCOLN AVE # 5Address:   | Name:<br>Address:                             | NIELSEN, ALÌC<br>315 BUCHANAI | E<br>N AVE., #101   |                  | Name:<br>Address:           | ( ) Change ( ) Addition                      |  |  |
| City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip:   | Name:   | PHILLIPS, BAR<br>302 LINCOLN  | RBARA<br>AVE # 5    |                  | Name:                       | ( ) Change ( ) Addition                      |  |  |

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: ALICE NEILSEN D 02/05/2009