

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748139

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** OCEAN MIST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

200 N 1 ST  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

200 N. 1ST ST.  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 59-1968756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEILSEN, ALICE  
315 BUCHANAN AVE #101  
CAPE CANAVERAL, FL 32920 US

**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 agent, or both, in the State of Florida.

SIGNATURE: ALICE NIELSEN

02/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LYONS, RON  
Address: 302 LINCOLN AVE # 3  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD  
Name: NIELSEN, ALICE  
Address: 315 BUCHANAN AVE., #101  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD  
Name: PHILLIPS, BARBARA  
Address: 302 LINCOLN AVE # 5  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby 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 all other like empowered.

SIGNATURE: ALICE NIELSEN

PD

02/08/2010

Electronic Signature of Signing Officer or Director

Date