

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748465

FILED
Feb 26, 2009
Secretary of State

Entity Name: OCEANRISE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10310 S. OCEAN DR.
SUITE 105
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

10310 S. OCEAN DR.
SUITE 105
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 59-1942759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE
% WACKEEN, CORNETT & GOOGE, P.A.
401 E. OSCEOLA ST.
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONALD, WMG
Address: 10264 CONTINENTAL DR
City-St-Zip: TAYLOR, MI 48180

Title: VPD () Delete
Name: LAMPHERE, JUDY
Address: 431 CURWOOD DR.
City-St-Zip: OWOSSO, MI 48567

Title: SD () Delete
Name: SANTORELLA, COURTNEY
Address: 163 PEPPER LANE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: FOLEY, IRWIN
Address: 548 WESTERLY DR
City-St-Zip: LIMA, OH 45805

Title: PD () Delete
Name: PARENT, DAVID
Address: 10310 S OCEAN DR #501
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SANTORELLA, COURTNEY
Address: 163 PEPPER LANE
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD (X) Change () Addition
Name: FOLEY, IRWIN
Address: 1407 MADISON PL
City-St-Zip: WAPAKONETA, OH 48595

Title: P/TD (X) Change () Addition
Name: PARENT, DAVID
Address: 10310 S OCEAN DR #501
City-St-Zip: JENSEN BEACH, FL 34957

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: DAVID PARENT

P/TD

02/26/2009

Electronic Signature of Signing Officer or Director

Date