

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749583

Entity Name: OCEAN WINDS, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

OCEAN WINDS CONDO
2101 N. ATLANTIC AVE
DAYTONA BEACH, FL 32118 US

Current Mailing Address:

ATLANTIC COMM ASSOC MGMT& ACC. INC.
507 HERBERT ST., STE.C
PORT ORANGE, FL 32129 US

FEI Number: 59-2026375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIMER, R L
507-C HERBERT ST
PORT ORANGE, FL 32129 US

New Principal Place of Business:

OCEAN WINDS, INC
2101 N. ATLANTIC AVE
DAYTONA BEACH, FL 32118 US

New Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT& ACC. INC.
507 HERBERT ST., STE.C
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

REIMER, R.L.
507-C HERBERT ST
PORT ORANGE, FL 32129 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: R.L. REIMER

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MANDELL, LOIS
Address: 2101 N ATLANTIC AVE, #10
City-St-Zip: DAYTONA BEACH, FL

Title: VPD () Delete
Name: GIAMBONA, LORETTA
Address: 2101 N ATLANTIC AVE #9
City-St-Zip: DAYTONA BEACH, FL 32118

Title: PD () Delete
Name: MILLER, GARRY T J
Address: 2101 N ATLANTIC AVENUE, #1
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: MARTIN, FRANCINE
Address: 2101 N ATLANTIC AVE #26
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: DOUGHERTY, ATHEL
Address: 11335 S.E. 68TH C4
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GIAMBONA, LORETTA
Address: 2101 N ATLANTIC AVE #8
City-St-Zip: DAYTONA BEACH, FL 32118

Title: PD (X) Change () Addition
Name: MILLER, GARRY T
Address: 2101 N ATLANTIC AVENUE, #1
City-St-Zip: DAYTONA BEACH, FL 32118

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: GARRY MILLER

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date