

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751475**

1. Entity Name  
OCEAN LANDINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
900 NORTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931 US

Mailing Address  
900 NORTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931 US



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1990847

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GREENFIELD, HARRY  
800 E. MERRITT ISLAND CAUSEWAY  
SUITE 202  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERHARDT, RICHARD 830 N ATLANTIS AVE APT 1407-B COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, FELIX 5201 JADE CIR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMY, JOSEPH H. 416 S BANANA RIVER BLVD COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINES, JAMES 17 ESCONDIDO CIR. UNIT 237 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, JEANNE 190 PINELLAS LN STE 208 MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000735198  
05/10/07-80024-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an affidavit, and all other like affidavits.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06 321-783-9430