

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90054 007 ****61.25

DOCUMENT # 752953

1. Entity Name
OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2975 HIGHWAY A1A
MELBOURNE BEACH, FL 32951

Mailing Address
PO BOX 510046
MELBOURNE BEACH, FL 32951

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2261099

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODGERS, TOM
2975 S. A1A #221
MELBOURNE BEACH, FL 32951

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RODGERS, TOM
STREET ADDRESS 2975 S. A1A #221
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE VPD ☐ Delete
NAME HALL, RICHARD
STREET ADDRESS 705 E. HIBISCUS BLVD.
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE VPD ☐ Delete
NAME UNSETH, ALLAN
STREET ADDRESS 2975 S. HWY A2A #121
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE VPD ☐ Delete
NAME WOLNIK, JAMES
STREET ADDRESS 6228 HARRINGTON DR.
CITY-ST-ZIP NORTH SYRACUSE, NY 13212

TITLE TSD ☐ Delete
NAME LESTER, SAUER
STREET ADDRESS 3020 COVEL ST
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/07 321-676-7516