2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 754682

Entity Name: OCEANSIDE HOUSING DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

11479 ULMERTON RD
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

11479 ULMERTON RD
LARGO, FL 33778

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, JOSEPH D
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: KATIE WONSCH, ASSISTANT SECRETARY 02/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROUSON, ANGELA
Address: 11479 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: VP ( ) Delete
Name: GIBBONS, DEVERON
Address: 11479 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: D ( ) Delete
Name: KENNEDY, HELEN
Address: 11479 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: D ( ) Delete
Name: MINKOFF, THOMAS
Address: 11479 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: D (X) Delete
Name: BEYROUTI, JAY
Address: 11479 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: GM (X) Delete
Name: IRIONS, DARRELL J
Address: 11479 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

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: MINKOFF, THOMAS
Address: 11479 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: GM (X) Change ( ) Addition
Name: IRIONS, DARRELL J
Address: 11479 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

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: ROBIN ADAMS CAO 02/24/2009
Electronic Signature of Signing Officer or Director Date