2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758334

Apr 07, 2009 Secretary of State

Entity Name: OCEAN SHORES OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4101 OCEAN DR

VERO BEACH, FL 32963 US

Current Mailing Address: New Mailing Address:

C/O VISTA PROPERTIES MGNT 100 VISTA ROYALE BLVD VERO BEACH, FL 32962 US

FEI Number: 59-2267205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEJOIE, ROGER 3545 OCEAN DRIVE SUITE 201 VERO BEACH, FL 32963 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete ANGELL, LINDA ANGELL, LINDA Name: Name: 4101 OCEAN DR #4A Address: 4101 OCEAN DR, #4A Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: Title: () Delete () Change () Addition

JACOBUS, JACQUELINE Name: Name: Address: 1049 N. MEDINA LINE RD. Address: City-St-Zip: **AKRON, OH 44333** City-St-Zip:

Title: () Delete Title: (X) Change () Addition

BERSTEIN, JOSEPH BERSTEIN, JOSEPH Name: Name: 4101 OCEAN DRIVE 3A Address: Address: 4101 OCEAN DRIVE . #3A City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

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KEHL, JANIT Name: Name: KEHL, JANIT 4101 OCEAN DR 2 D 4101 OCEAN DR , #2D Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: () Delete Title: (X) Change () Addition

MELIN, KATHLEEN MELIN, KATHLEEN Name: Name: 4101 OCEAN DR 2 A 4101 OCEAN DR, #2A Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

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: GARY CROSBY CAM 04/07/2009