

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759137

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: OCEAN SUNRISE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

20 DONDANVILLE ROAD  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-2236199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALLIGOOD, JUDY S  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080      US

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

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:**

Title: D ( ) Delete  
Name: HARRISON, RON  
Address: P O BOX 328  
City-St-Zip: TAVARES, FL 32778

Title: T ( ) Delete  
Name: BONNOT, BROOKS  
Address: 3770 HODOLON HALL RD NW  
City-St-Zip: ATLANTA, GA 30327

Title: S ( ) Delete  
Name: HATHORN, FRED  
Address: 20 DONDANVILLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP ( ) Delete  
Name: HEALD, GEORGE  
Address: 4020 RIVER CLIFF CHASE  
City-St-Zip: MARIETTA, GA 30067

Title: P ( ) Delete  
Name: WILLIAMS, HAROLD  
Address: 20 DONDANVILLE RD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: BONNOT, BROOKS  
Address: 3770 HADDON HALL RD NW  
City-St-Zip: ATLANTA, GA 30327

Title: V (X) Change ( ) Addition  
Name: HATHORN, FRED  
Address: 20 DONDANVILLE UNIT 203  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P (X) Change ( ) Addition  
Name: HEALD, GEORGE  
Address: 4020 RIVER CLIFF CHASE  
City-St-Zip: MARIETTA, GA 30067

Title: D (X) Change ( ) Addition  
Name: SANDRA, STORMANT  
Address: 20 DONDANVILLE RD #604  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: JUDY ALLIGOOD

RA

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date