


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90109 002 ****61.25

DOCUMENT # 761930 1. Entity Name 408 S. OCEAN DRIVE OWNERS ASSOCIATION, INC.					
Principal Place of Business 408 SOUTH OCEAN DRIVE FORT PIERCE, FL 34949			Mailing Address 17922 N.W. 10TH ST. PEMBROKE PINES, FL 33029		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2719326	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZAHER, JOSEPH E. 17922 N.W. 10TH ST. PEMBROKE PINES, FL 33029			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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAHER, JOSEPH E.		NAME	CAROL ODELM	
STREET ADDRESS	17922 N.W. 10TH ST.		STREET ADDRESS	PO Box 405	
CITY - ST - ZIP	PEMBROKE PINES, FL 33029		CITY - ST - ZIP	RABUN GAP, GA 30568	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBARELLI, JOANNE A		NAME		
STREET ADDRESS	19700 BEACH ROAD		STREET ADDRESS		
CITY - ST - ZIP	JUPITER ISLAND, FL 33469		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAHER, DELLA A		NAME		
STREET ADDRESS	17922 N.W. 10TH ST.		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33029		CITY - ST - ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSCOLINO, LINDA J		NAME		
STREET ADDRESS	19700 BEACH ROAD		STREET ADDRESS		
CITY - ST - ZIP	JUPITER ISLAND, FL 33469		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREITL, JACOB		NAME		
STREET ADDRESS	5532 LAKE TERN CT.		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK, FL 33073		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREITL, LYNN		NAME		
STREET ADDRESS	5532 LAKE TERN CT.		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK, FL 33073		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: <u>Joseph E. Zaher</u> <u>JOSEPH E. ZAHER</u> 4/24/08 954-806-7498 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					