# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2008 8:00 am**
**Secretary of State**
03-28-2008 90045 044 ****61.25

DOCUMENT # 762151

1. Entity Name
OCEAN HARBOUR SOUTH CONDOMINIUM ASSOCIATION, INC.

66006936

| Principal Place of Business | Mailing Address |
|---|---|
| % ELLIOTT MERRILL COMM. MGMT<br>835 20TH PL<br>VERO BEACH, FL 32960 | % ELLIOTT MERRILL COMM. MGMT<br>835 20TH PL<br>VERO BEACH, FL 32960 |

01242008 Chg-NP CR2E037 (12/06)

| 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 |

4. FEI Number 59-2219858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERILL, CRAIG
% ELLIOTT MERRILL COMM. MGMT
835 20TH PL
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name: DEBORAH ROSS
Street Address (P.O. Box Number is Not Acceptable): 159 SOUTH FEDERAL HIGHWAY
ROYAL PALM FINANCIAL CENTER
City: STUART. FL Zip Code: 34994

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 _____ 3/20/08
Signature, if changing registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SHETLER, DAVID<br>4200 N A1A 414<br>FORT PIERCE, FL 34949 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PRESIDENT<br>LUCARDI, MICHAEL<br>4200 NORTH A1A, 112.<br>FORT PIERCE, FL. 34949. | ☒ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ECHEMENDIA, EMILO<br>4200 N A1A 416<br>FT PIERCE, FL 34949 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>VP<br>SHORTELL, JOHN<br>4200 NORTH A1A, 611<br>FORT PIERCE, FL 34949. | ☒ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HUNT, KEN<br>4250 N A1A # 506<br>FORT PIERCE, FL 34949 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>TREASURER<br>SANTAMARIA, NICHOLAS<br>4200 NORTH A1A, #905<br>FORT PIERCE, FL. 34949. | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SHORTELL, JOHN<br>4200 N A1A #611<br>FORT PIERCE, FL 34949 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GAMBINO, ROSARIO<br>4200 NORTH A1A, #111<br>FORT PIERCE, FL. 34949. | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LUCARDI, MIKE<br>4200 N A1A #112<br>FORT PIERCE, FL 34949 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALDO, CHARLES<br>4200 NORTH A1A, #115<br>FORT PIERCE, FL. 34949. | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 3-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #