2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762151

Address:

City-St-Zip:

4200 NORTH A1A 115

FORT PIERCE, FL 34949

FILED Mar 09, 2009 Secretary of State

Entity Name: OCEAN HARBOUR SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: % ELLIOTT MERRILL COMM. MGMT 835 20TH PL VERO BEACH, FL 32960 **New Mailing Address: Current Mailing Address:** % ELLIOTT MERRILL COMM. MGMT 835 20TH PL VERO BEACH, FL 32960 FEI Number: 59-2219858 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: ROSS, DEBORAH 759 SOUTH FEDERAL HIGHWAY ROYAL PALM FINACIAL CENTER STUART, FL 34994 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 LUCARDI, MICHAEL GAMBINO, ROSARIO Name: Name: 4200 NORTH A1A 112 Address: 4200 NORTH A1A #111 Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 Title: () Delete Title: (X) Change () Addition SHORTELL, JOHN Name: WALDO, CHARLES Name: Address: 4200 NORHT A1A 611 Address: 4200 NORTH A1A #916 City-St-Zip: FT PIERCE, FL 34949 City-St-Zip: FT PIERCE, FL 34949 Title: () Delete Title: (X) Change () Addition SANTA MARIA, NICHOLAS SANTA MARIA, NICHOLAS Name: Name: 4200 NORTH A1A 905 4250 NORTH A1A #905 Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 (X) Change () Addition Title: () Delete Title: Name: SHORTELI, JOHN Name: MARTINY, LYNNE Address: 4200 N A1A #611 Address: 4200 NORTH A1A #211 City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 Title: () Delete Title: (X) Change () Addition LUCARDI, MIKE GOSSETT, DUANE Name: Name: 4200 N A1A #112 4250 NORTH A1A #108 Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 Title: (X) Delete Title: () Change () Addition WALDA, CHARLES Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROSARIO GAMBINO P 03/09/2009