

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762151

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** OCEAN HARBOUR SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2219858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSS, DEBORAH  
759 SOUTH FEDERAL HIGHWAY  
ROYAL PALM FINANCIAL CENTER  
STUART, FL 34994 US

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

ROSS, DEBORAH  
789 S FEDERAL HIGHWAY STE 101  
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:

03/18/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FORD, DEBORAH  
Address: 4200 NORTH A1A #812  
City-St-Zip: FORT PIERCE, FL 34949

Title: T  
Name: JOHNSTON, THOMAS  
Address: 4250 NORTH A1A #1101  
City-St-Zip: FT PIERCE, FL 34949

Title: S  
Name: SHORTELL, JOHN  
Address: 4200 NORTH A1A #611  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP  
Name: KENNEY, NANCY  
Address: 4200 N A1A #112  
City-St-Zip: FT. PIERCE, FL 34949

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH FORD

P

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date