

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763851

FILED
Apr 16, 2009
Secretary of State

Entity Name: OCEAN PALMS BEACH CLUB, INC.

Current Principal Place of Business:

2601 SOUTH ATLANTIC AVE
NEW SMYRNA BEACH, FL 321693421

New Principal Place of Business:

Current Mailing Address:

1017 E. SOUTH STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-2280080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, MICHELE
1017 E. SOUTH STREET
ORLANDO, FL 32801 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: PD () Delete
Name: POLOMSKY, ED
Address: P.O. BOX 620538
City-St-Zip: OVIEDO, FL 32762

Title: VD () Delete
Name: PRICE, BRYAN
Address: P.O. BOX 1416
City-St-Zip: HIGHLAND CITY, FL 33846

Title: SD () Delete
Name: PRICE, MICHELLE
Address: P.O. BOX 1416
City-St-Zip: HIGHLAND CITY, FL 33846

Title: TD () Delete
Name: SYKES, DIANE
Address: 304 CHESTNUT STREET
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: RICHERT, JOHN
Address: 4606 DON CASTER DRIVE
City-St-Zip: ELLICOTT CITY, MD 21043

Title: D () Delete
Name: SMITH, CHARLES
Address: 1440 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ED POLOMSKY

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date