

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765272

FILED
Jan 29, 2009
Secretary of State

Entity Name: OCEAN CLUB I CONDOMINIUM ASSOC., INC. OF ST. AUGUSTINE BEACH

Current Principal Place of Business:

11 DONDANVILLE RD.
UNIT 3
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

11 DONDANVILLE RD.
UNIT 3
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2256951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA, CAROLYNE TREAS
11 DONDANVILLE RD
#12
ST. AUGUSTINE, FL 32080 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: VP () Delete
Name: ROBERT, HARRISON VP
Address: 11 DONDANVILLE RD #30
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: SECY () Delete
Name: CHARLES, GUNDERSON SECY
Address: 11 DONDANVILLE RD. #38
City-St-Zip: ST. AUGUSTINE, FL 30080 US

Title: PRES () Delete
Name: JOHANSSON, SIEVERT PRES
Address: 11 DONDANVILLE RD #36
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: T () Delete
Name: ESTRADA, CAROLYNE TREAS
Address: 11 DONDANVILLE RD #12
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: D (X) Delete
Name: MCCARTHY, PERES DIR
Address: 4073 PUTMAN RD
City-St-Zip: CAZENOVIA, NY 13035 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROBERT, HARRISON VP
Address: 11 DONDANVILLE RD #8
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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

Title: PRES (X) Change () Addition
Name: MCCARTHY, PERES PRES
Address: 4073 PUTNAM RD
City-St-Zip: CAZENOVIA, NY 13035 US

Title: TREA (X) Change () Addition
Name: ESTRADA, CAROLYNE TREAS
Address: 11 DONDANVILLE RD #12
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: CAROLYNE ESTRADA

TREA

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date