

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770817**

1. Entity Name  
**MELBOURNE BEACH OCEAN VIEW TOWNHOMES  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3042 S. A1A  
MELBOURNE BEACH, FL 32951**

Mailing Address  
**4206 STANFORD ST  
CHEVY CHASE, MD 20815**



03102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORCORAN, DAVID M  
3042 S. A1A HWY  
MELBOURNE BEACH, FL 32951**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$41.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

04/18/08-80042-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **COCORAN, DAVID**  
STREET ADDRESS **3042 S. A1A HWY**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **D**  
NAME **JENKINS, BRENT**  
STREET ADDRESS **3044 S A1A**  
CITY-ST-ZIP **MELBOURNE BCH, FL**

TITLE **D**  
NAME **HAYMES, JEAN**  
STREET ADDRESS **3046 S A1A HWY**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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:** DAVID M. CORCORAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08 301-986-1407  
Daytime Phone #