## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H43664

Entity Name: OCEAN CLUB ASSOCIATES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180

**New Mailing Address: Current Mailing Address:** 

2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180

FEI Number: 59-2627218 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:

SERBER, DANIEL J ESQ. 2875 NE 191 STREET AVENTURA, FL 33180 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BONELLI, FERNANDO BONELLI, FERNANDO Name: Name: 2828 SW 22 ST., STE. 500 2828 SW 22 ST., STE. 304 Address: Address:

City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33145

Title: SD Title: SD (X) Change ( ) Addition () Delete NOZZI, NESTOR D Name: Name: NOZZI, NESTOR D

2828 SW 22 ST., STE. 500 2828 SW 22 ST., STE. 304 Address: Address: MIAMI, FL 33145 MIAMI, FL 33145 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition ONDARCUHU, GUSTAVO H Name: ONDARCUHU, GUSTAVO H Name: 2828 SW 22 ST., STE. 500 2828 SW 22 ST., STE, 304 Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33145

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO BONELLI PD 04/22/2009