

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2. **FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90004 012 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N01000004010</b><br>1. Entity Name<br><b>OC HOMEOWNER ASSOCIATION, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>350 N CAUSEWAY<br/>NEW SMYRNA BEACH, FL 32169</b>   |  |   | Mailing Address<br><b>350 N CAUSEWAY<br/>NEW SMYRNA BEACH, FL 32169</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| City & State  |  | City & State  |   |  |  |
| Zip   | Country  | Zip   | Country   |  |  |
| 4. FEI Number<br><b>59-3735713</b>  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable     |   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$6.75 Additional Fee Required</b>   |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WRIGHT, THOMAS D<br/>340 N CAUSEWAY<br/>NEW SMYRNA BCH, FL 32169</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>T<br/>HALL, KYLE<br/>2812 OSPREY COVE DR<br/>NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Delete             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>S<br/>BIELOT, RICHARD<br/>2812 BAY SIDE DR.<br/>NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>D<br/>WHEATLEY, RUSSELL<br/>2819 OSPREY COVE DR<br/>NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>S<br/>ANN ABELL, MARY<br/>2819 BAY SIDE DR<br/>NEW SMYRNA BCH, FL 32168</b> <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>VP<br/>WALSH, SANDRA<br/>2813 BAY SIDE DR<br/>NEW SMYRNA BEACH, FL 32168</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |  |  |
| <small>Date Daytime Phone #</small>   |  |   |   |  |  |