


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90036 027 \*\*\*\*61.25

<b>DOCUMENT # N01000007804</b>					
1. Entity Name <b>OCEAN PARK (ON AMELIA ISLAND) CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3000 FIRST COAST HWY FERNANDINA BEACH, FL 32034</b>			Mailing Address <b>P O BOX 3000 FERNANDINA BEACH, FL 32035</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 <b>59-3755529</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GREGORY, DAVID B 3000 FIRST COAST HWY FERNANDINA BEACH, FL 32034</b>				Name <b>Jack B. Healan, Jr.</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>3000 First Coast Hwy</b>	
				City <b>Amelia Island,</b>	FL Zip Code <b>32034</b>
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 <u><b>JACK B. HEALAN, JR.</b></u> <i>Jack B Healan</i> <b>3/17/08</b> <small>(NOTE: Registered Agent signature required when re-registering)</small> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>COOPER, CHIP</b> <b>403 TARPON AVE #201</b> <b>FERNANDINA BEACH, FL 32034</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>VUTURO, MARK</b> <b>31098 BOB O LINK</b> <b>LIBERTYVILLE, IL 60048</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> <input type="checkbox"/> Delete <b>SASSER, BOB</b> <b>2291 CHAUNCEY DR</b> <b>WAYCROSS, GA 31501</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <input type="checkbox"/> Delete <b>WAINWRIGHT, PATRICIA</b> <b>403 TARPON AVE., #212</b> <b>FERNANDINA BEACH, FL 32034</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WILLAMS, MARGARET</b> <b>403 TARPON AVE #323</b> <b>FERNANDINA BEACH, FL 32034</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 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 all other like empowered.					
SIGNATURE: <u><i>Patricia Wainwright</i></u> <b>3/11/2008</b> <b>904 277-3889</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

RECD AIM 50000698



03102008 Chg-NP CR2E037 (12/06)