

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

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90044 031 ****61.25

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1. Entity Name
OCEAN GRANDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**10036 SAWGRASS DR.
STE. 1
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**10036 SAWGRASS DR.
STE. 1
PONTE VEDRA BEACH, FL 32082**

40017034



DO NOT WRITE IN THIS SPACE

01192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
56-2370828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARKS, ANNA M
10036 SAWGRASS DR STE
SUITE 1
PONTE VEDRA BEACH, FL 32082**

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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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SHAFER, WALTER
215 OCEAN GRANDE DR. S. #106
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
BRANDSTETER, DAVID
201 OCEAN GRANDE DR. S #104
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
D'AGOSTINO, RALPH
205 OCEAN GRANDE DR. S #104
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ROLLINS, RICHARD
220 OCEAN GRANDE DR. S #301
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KUHN, ROBERT
415 OCEAN GRANDE DR. N #206
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Ralph D'Agostino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH D'AGOSTINO

1/30/08

Date

Daytime Phone #