

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003351

FILED
Jan 06, 2009
Secretary of State

Entity Name: OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6590 N OCEAN BLVD
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

6590 N OCEAN BLVD
#5
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 06-1683889 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHOEMAKER, PATRICIA
6590 N OCEAN BLVD
UNIT 10
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOEFFLER, TIM
Address: 1 PICCADILLY CIRCUS
City-St-Zip: SAYREVILLE, NJ 08872

Title: TD () Delete
Name: OSBORNE, LYNN
Address: 3018 JOHN MARSHALL DRIVE
City-St-Zip: ARLINGTON, VA 22207

Title: VP () Delete
Name: DADAM, GERALD R
Address: 3514 WILLIAMS LANE
City-St-Zip: CRETE, IL 60417

Title: OFF (X) Delete
Name: O'DONNELL, MARGARET
Address: 323 SEYMOUR LANE
City-St-Zip: MILL VALLEY, CA 94941

Title: SEC (X) Delete
Name: BIANCO, BETTY
Address: 667A HERITAGE VILLAGE
City-St-Zip: SOUTHURY, CT 06488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DADAM, GERALD
Address: 3514 WILLIAMS LANE
City-St-Zip: CRETE, IL 60417

Title: TD (X) Change () Addition
Name: BIANCO, BETTY
Address: 7 FAWN RIDGE
City-St-Zip: MILLWOOD, NY 10546

Title: SEC (X) Change () Addition
Name: LOEFFLER, TIM
Address: 1 PICCADILLY CIRCUS
City-St-Zip: SAYREVILLE, NJ 08872

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: GERALD DADAM

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date