2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003605

FILED Jan 06, 2009 Secretary of State

Entity Name: OCEAN TERRACES OF BREVARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

209 N ATLANTIC AVE 209 N ATLANTIC AVE COCOA BEACH, FL 32931

APT # 400

COCOA BEACH, FL 329314354 US

Current Mailing Address: New Mailing Address:

209 N ATLANTIC AVE 209 N ATLANTIC AVE.

#401 APT # 400

COCOA BEACH, FL 32931 COCOA BEACH, FL 329314354 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICHMAN, ARNOLD HOAGLAND, STEPHEN T 209 N ATLANTIC AVE 209 N ATLANTIC AVE

COCOA BEACH, FL 32931 US APT # 400 COCOA BEACH, FL 329314354 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: STEPHEN T. HOAGLAND 01/06/2009 Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

RICHMAN, ARNOLD RICHMAN, ARNOLD Name: Name: 209 N ATLANTIC AVE Address: 209 N ATLANTIC AVE # 600 Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: COCOA BEACH, FL 329314354

Title: VD () Delete Title: (X) Change () Addition YOUNT, LAWRENCE H Name: YOUNT, LAWRENCE H Name: Address: 209 N ATLANTIC AVE., #5 Address: 209 N ATLANTIC AVE., # 500 City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: COCOA BEACH, FL 329314354

Title: () Delete Title: (X) Change () Addition TRIFFLOS, JIM SALTER, MICHAEL Name: Name:

209 N ATLATIC AVE Address: Address: 110 PROVIDENCE LAKE PT City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: ALPHARETTA, GA 300043481

() Delete Title: TD Title: () Change () Addition

HOAGLAND, STEPHEN Name: Address: 209 N ATLANTIC AVE, #4 Address: City-St-Zip: COCOA BEACH, FL 32931 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: STEPHEN T. HOAGLAND TD 01/06/2009