


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90013 042 ****61.25

DOCUMENT # N02000006616 1. Entity Name OCEANHOUSES AT SOUTHPONTE ASSOCIATION, INC.					
Principal Place of Business 100 MAINSAIL DR FT PIERCE, FL 34949			Mailing Address 835 20TH PLACE VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0644614	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, KAREN L C/O ELLIOTT MERRILL COMM. MGMT. 835 20TH PLACE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALEXANDER, LAMONT 3048 WINDWARD DR FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Lamont, Alexander 3048 Windward Dr Ft. Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DASSO, PAUL 3022 WINDWARD DRIVE FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Laskoski, Suzanne 1046 Windward Dr Ft. Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, DAVID 2006 WINDWARD DRIVE FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Jenkins, Don 1028 Windward Dr Ft. Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASKOSKY, SUZANNE 1046 WINDWARD DRIVE FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Melillo, Charis 2018 Windward Dr Ft. Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, DONALD 1028 WINDWARD DR FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dasso, Paul 3022 Windward Dr Ft. Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELILLO, CHARIS 2018 WINDWARD DR FT. PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Baarman, Jerry 2010 Windward Dr Ft. Pierce, FL 34949
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 2-23-07 Daytime Phone #: 772-461-6229	

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