

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006616

FILED
Mar 06, 2009
Secretary of State

Entity Name: OCEANHOUSES AT SOUTHPOINTE ASSOCIATION, INC.

Current Principal Place of Business:

100 MAINSAIL DR
FT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

835 20TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 02-0644614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE ESQ
401 SE OSCEOLA STREET
STE. 101
STUART, FL 34994 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: P () Delete
Name: LAMONT, ALEXANDER
Address: 3048 WINDWARD DR
City-St-Zip: FORT PIERCE, FL 34949

Title: S () Delete
Name: DASSO, PAUL
Address: 3022 WINDWARD DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: VP () Delete
Name: BAARMAN, JERRY
Address: 2010 WINDWARD DR
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: DEMBO, DAVID
Address: 2002 WINDWARD DR
City-St-Zip: FORT PIERCE, FL 34949

Title: T () Delete
Name: JENKINS, DONALD
Address: 1028 WINDWARD DR
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: STOLLEY, JIM
Address: 3038 WINDWARD DR
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: RODENBAUGH, ROBERT
Address: 1044 WINDWARD DRIVE
City-St-Zip: FORT PIERCE, FL 34949

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

Title: D (X) Change () Addition
Name: STOLLEY, JAMES
Address: 3038 WINDWARD DR
City-St-Zip: FORT PIERCE, FL 34949

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

Title: D (X) Change () Addition
Name: GRAHAM, DOUGLAS
Address: 1048 WINDWARD DR
City-St-Zip: FORT PIERCE, FL 34949

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: ALEXANDER LAMONT

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date