2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N03000003090

Entity Name: OCEAN PEARL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3920 N A1A
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 58-2667665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORTE, LORRAINE
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

Name and Address of New Registered Agent:

KERT, LORRAINE
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 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: LORRAINE KERT 03/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TORTOLANI, RAYMOND
Address: 3920 NORTH AIA #504
City-St-Zip: FORT PIERCE, FL 34949

Title: TD ( ) Delete
Name: PACE, CHRISTOPHER
Address: 3920 NORTH A1A #503
City-St-Zip: FT.PIERCE, FL 34994

Title: VPD ( ) Delete
Name: CORBET, WILLIAM
Address: 3920 NORTH ALA #1002
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: MEAD, RUTH
Address: 3920 NORTH A1A #801
City-St-Zip: FORT PIERCE, FL 34949

Title: SD ( ) Delete
Name: MCISAAC, ROBERT
Address: 3920 N A1A 403
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition
Name: PACE, CHRISTOPHER
Address: 3920 NORTH A1A #503
City-St-Zip: FT.PIERCE, FL 34994

Title: D (X) Change ( ) Addition
Name: CORBET, WILLIAM
Address: 3920 NORTH ALA #1002
City-St-Zip: FORT PIERCE, FL 34949

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

Title: VPD (X) Change ( ) Addition
Name: FENNESSEY, JOHN
Address: 3920 N A1A #1203
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: RAYMOND TORTOLANI PRES 03/02/2009
Electronic Signature of Signing Officer or Director Date