

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007752

FILED
Mar 16, 2009
Secretary of State

Entity Name: OCEAN RITZ OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10611 FRONT BEACH RD
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

9400 S THOMAS DR
PANAMA CITY, FL 32408

New Mailing Address:

FEI Number: 20-1878209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, EDWIN W JR
9400 S THOMAS DR
PANAMA CITY, FL 32408 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PULLARA, SAMUEL J
Address: 1029 LAUREL GROVE CT
City-St-Zip: SUWANEE, GA 30024 US

Title: VD () Delete
Name: ARVIN, JOHN R
Address: 10611 FRONT BEACH RD UNIT 603
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: SD () Delete
Name: SHIMP, PAUL L
Address: 2451 CUMBERLAND PKWY STE 3514
City-St-Zip: ATLANTA, GA 30339 US

Title: TD () Delete
Name: BENNETT, PAM
Address: 1080 BRIDGEMILL AVE
City-St-Zip: CANTON, GA 30114

Title: D () Delete
Name: REYNOLDS, LENTZ C DR
Address: 282 STEPHENSON AVE.
City-St-Zip: LOOKOUT MOUNTAIN, TN 37350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date