2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# N04000004291

Entity Name: OCEAN OAKS WEST PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1300 NORTH FLORIDA MANGO ROAD
SUITE 15
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1300 NORTH FLORIDA MANGO ROAD
SUITE 15
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-1071892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALASKY, STEPHEN P
1300 NORTH FLORIDA MANGO ROAD
SUITE 15
WEST PALM BEACH, FL 33409 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: DP ( ) Delete
Name: HALL, PAL
Address: 1300 NORTH FLORIDA MANGO ROAD, #15
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DVP ( ) Delete
Name: MALASKY, STEPHEN P
Address: 1300 NORTH FLORIDA MANGO ROAD, #15
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DST (X) Delete
Name: MALASKY, BRUCE
Address: 1300 NORTH FLORIDA MANGO ROAD, #15
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MALASKY, BRUCE
Address: 1300 NORTH FLORIDA MANGO ROAD, #15
City-St-Zip: WEST PALM BEACH, FL 33409

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: STEPHEN P. MALASKY DVP 07/30/2009

Electronic Signature of Signing Officer or Director — Date