

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000008916**

1. Entity Name  
**OCEAN HARBOR HOMEOWNERS' ASSOCIATION INC.**



Principal Place of Business  
**8208 N CAMERON AVE  
TAMPA, FL 33614**

Mailing Address  
**8208 N CAMERON AVE  
TAMPA, FL 33614**



04302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0794073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARTINEZ, FELIX  
8208 N CAMERON AVE  
TAMPA, FL 33614**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAMIANI, JORGE 617 A CLEVELAND ST - STE 2 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMIANI, LILIANNA 617 A CLEVELAND ST - STE 2 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, FELIX 8205 N CAMERON AVE TAMPA, FL 33614
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000757725  
05/23/07-80083-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Liliana Damiani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-07* *727-742-4361*  
Date Daytime Phone #