

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006831

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** OCEAN BREEZE OF CAPE CANAVERAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

307 ADAMS AVE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

1415 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 01-0847493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DURGIN, LISA A  
1415N. ATLANTIC AVE.  
COCOA BEACH, FL 32931 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  
**Name:** OSTROFF, RONALD  
**Address:** 220 LAKE SHORE DR.  
**City-St-Zip:** MERRITT ISLAND, FL 32953

**Title:** S/T  
**Name:** SEGARRA, LAURA  
**Address:** 4491 DERBYSHIRE DR.  
**City-St-Zip:** TITUSVILLE, FL 32780

**Title:** VP  
**Name:** HUTCHERSON, JEREMY  
**Address:** 323 ADAMS AVE.  
**City-St-Zip:** CAPE CANAVERAL, FL 32920

I hereby 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 all other like empowered.

**SIGNATURE:** RONALD OSTROFF

PRES

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date