

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007530

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** OCEAN'S SIX OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16 12TH STREET  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

16 12TH STREET  
UNIT A  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

P.O. BOX 840282  
ST. AUGUSTINE, FL 32080

**FEI Number:** 20-3207551

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NOCK III, JOHN D  
580 HOLMES BLVD  
ST. AUGUSTINE, FL 32086 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: PD  
Name: NOCK, JOHN D III  
Address: 580 HOLMES BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: D  
Name: CAMPBELL, ROY  
Address: 65 LEWIS BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: STD  
Name: HILLIARD, KAREN M  
Address: 16 12TH STREET UNIT A  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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:** KAREN M HILLIARD

STD

04/14/2010

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

\_\_\_\_\_  
Date