

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000008985

1. Entity Name
OCEAN BLUE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2701 ANAHMA DR
ST AUGUSTINE, FL 32084**

Mailing Address
**2701 ANAHMA DR
ST AUGUSTINE, FL 32084**



04142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3419044

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, KATHERINE G
780 N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084**

**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, 2008**

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
**D
HERSCOVICI, RANDY
1840 CHUCUNANTAH RD
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KELLEY, DONNA M
116 GRAND OAKS DR
ST AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLIGOOD, JUDY
2942 A1A SOUTH
ST AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000845719
05/30/08-60019-021 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

904471-9344

Daytime Phone #