


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 002 ****61.25

DOCUMENT # N06000002720 1. Entity Name OCEANS GRAND OWNERS ASSOCIATION, INC.					
Principal Place of Business 2827 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119				Mailing Address 2827 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119	
2. Principal Place of Business - No P.O. Box # 2 Oceans West Blvd.		3. Mailing Address 2 Oceans West Blvd.			
Suite, Apt. #, etc. OFFICE		Suite, Apt. #, etc. OFFICE			
City & State Daytona Beach Shores FL		City & State Daytona Beach Shores FL			
Zip 32118		Country Volusia		Zip 32118	
Country Volusia		4. FEI Number 74-316 6919			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WALDRON, EDMUND J 2827 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119				7. Name and Address of New Registered Agent Name ALBERT ALDO Street Address (P.O. Box Number is Not Acceptable) 2 Oceans West Blvd. (Office) City Daytona Beach Shores FL Zip Code 32118	
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 ALBERT ALDO <i>Albert E Aldo</i> / 4-16-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, JOHN T III 1 BUTTERCUP LANE SOUTH YARMOUTH, MA 02664	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CLIFF FISCHER # 1001 2 Oceans West Blvd. Daytona Beach Shores FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETZOYAN, VARTAN 60 STATE STREET, SUITE 1550 BOSTON, MA 02109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALBERT ALDO # 505 2 Oceans West Blvd. Daytona Beach Shores FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALDRON, EDMUND J 125 ANN RUSTIN DRIVE ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Maria Schmitt # 500 2 Oceans West Blvd. Daytona Beach Shores FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Greg Owings # 304 2 Oceans West Blvd. Daytona Beach Shores FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Barbara Halloran # 2106 2 Oceans West Blvd. Daytona Beach Shores, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Albert E Aldo</i> / 4-16-07 386 944 2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40075449



02212007 Chg-NP CR2E037 (12/06)

ATTACHMENT

40075449

#106000602720

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OCEANS GRAND OWNERS ASSOCIATION INC.
2. The principal office address: 2 OCEANS WEST BOULEVARD
DAYTONA BEACH SHORES FL 32118
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/10/2006 Document number: N0600000 2720
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

EDMUND J. WALDRON

2827 SOUTH RIDGEWOOD AVENUE

SOUTH DAYTONA FL 32119

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALBERT ALDO, President
Oceans Grand Owners Assoc Inc.

(P.O. Box NOT acceptable)

2 Oceans West Blvd Daytona Beach Shores FL 32118

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maria Schmitt
(Signature of an officer or director)

Maria Schmitt - Vice President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Albert E. Aldo
(Signature of Registered Agent)

April 16 2007
(Date)

If signing on behalf of an entity:

Albert Aldo
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)