


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90096 004 *****70.00

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| DOCUMENT # N06000002720 1. Entity Name OCEANS GRAND OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2 OCEANS WEST BLVD OFFICE DAYTONA BEACH, FL 32118 | | | Mailing Address 2 OCEANS WEST BLVD OFFICE DAYTONA BEACH, FL 32118 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01082008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 74-3166919 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ALDO, ALBERT 2 OCEANS WEST BLVD (OFFICE) DAYTONA BEACH, FL 32118 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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: <u><i>Albert Aldo</i></u> ALBERT ALDO <u>1-10-08</u> <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, 2008 | | 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 | T FISHER EISCHER, CLIFF <input type="checkbox"/> Delete 2 OCEANS WEST BLVD #1001 DAYTONA BEACH, FL 32118 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FISHER, CLIFF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALDO, ALBERT <input type="checkbox"/> Delete 2 OCEANS WEST BLVD #505 DAYTONA BEACH, FL 32118 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHMITT, MARIA <input checked="" type="checkbox"/> Delete 2 OCEANS WEST BLVD #500 DAYTONA BEACH, FL 32118 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OWINGS, GREG <input type="checkbox"/> Delete 2 OCEANS WEST BLVD #304 DAYTONA BEACH, FL 32118 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D V HALLORAN, BARBARA <input type="checkbox"/> Delete 2 OCEANS WEST BLVD #2106 DAYTONA BEACH, FL 32118 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Savilanes, Juan 2 Oceans West Blvd. #307 DayTONA Beach Shores FL 32118 | |
| 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: <u><i>Albert Aldo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |