

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002720

FILED
Jan 06, 2009
Secretary of State

Entity Name: OCEANS GRAND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2 OCEANS WEST BLVD
OFFICE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

2 OCEANS WEST BLVD
OFFICE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 74-3166919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDO, ALBERT
2 OCEANS WEST BLVD (OFFICE)
DAYTONA BEACH, FL 32118 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: T () Delete
Name: FISHER, CLIFF
Address: 2 OCEANS WEST BLVD #1001
City-St-Zip: DAYTONA BEACH, FL 32118

Title: P () Delete
Name: ALDO, ALBERT
Address: 2 OCEANS WEST BLVD #505
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S () Delete
Name: OWINGS, GREG
Address: 2 OCEANS WEST BLVD #304
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP () Delete
Name: HALLORAN, BARBARA
Address: 2 OCEANS WEST BLVD #2106
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: SAVILANES, JUAN
Address: 2 OCEANS WEST BLVD 307
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HENNESSY, JOHN
Address: 2 OCEANS WEST BLVD #1106
City-St-Zip: DAYTONA BEACH, FL 32118

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHRISTOPHER, RON
Address: 2 OCEANS WEST BLVD 1109
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT ALDO

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date