## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004444

FILED Mar 19, 2009 Secretary of State

Entity Name: CLARIDGE OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

925 NORTH COURTENAY PARKWAY 1515 N. HWY. A1A MERRITT ISLAND, FL 32952 CONDO OFFICE

INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

925 NORTH COURTENAY PARKWAY 1515 N. HWY. A1A MERRITT ISLAND, FL 32952 CONDO OFFICE

INDIALANTIC, FL 32903

FEI Number: 20-4754356 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NOHRR, PHILIP F
1800 W HIBISCUS BLVD SUITE 138
MELBOURNE, FL 329021870 US

KONZAK, JEFF W
1515 N. HWY A1A
CONDO OFFICE

INDIALANTIC, FL 32903 US

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: JEFFREY KONZAK 03/19/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: KODSI, ROBERT Name: KONZAK, JEFF

Address: PO BOX 320637 Address: 1515 N. HWY A1A, #502
City-St-Zip: COCOA BEACH, FL 329320637 City-St-Zip: INDIALANTIC, FL 32903

Title: SD ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 JENKINS, HEATHER
 Name:
 KOONIN, LARRY

 Address:
 PO BOX 320637
 Address:
 1515 N. HWY. A1A, #501

 City-St-Zip:
 COCOA BEACH, FL 329320637
 City-St-Zip:
 INDIALANTIC, FL 32903

Title: TD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 KODSI, SARAH
 Name:
 KONZAK, JULIE A

 Address:
 PO BOX 320637
 Address:
 1515 N. HWY A1A

 City-St-Zip:
 COCOA BEACH, FL 329320637
 City-St-Zip:
 INDIALANTIC, FL 32903

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: JEFFREY KONZAK P 03/19/2009