2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007191

Entity Name: OCEAN GARDEN ASSOCIATION, INC.

FILED Apr 29, 2009 Secretary of State

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

102 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118

Current Mailing Address: New Mailing Address:

12 ARBOR LAKES PARK
ORMOND BEACH, FL 32174

12 ARBOR LAKE PARK
ORMOND BEACH, FL 32174

ORMOND BEACH, FL 32174

FEI Number: 20-5404710 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:

STEPHENS, MARY
12 ARBOR LAKES PARK
ORMOND BEACH, FL 32174 US
STEPHENS, MARY TREA
12 ARBOR LAKE PARK
ORMOND BEACH, FL 32174 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: MARY E STEPHENS 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: TREA (X) Change () Addition Name: STEPHENS, MARY Name: STEPHENS, MARY
Address: 12 ARBOR LAKES PARK Address: 12 ARBOR LAKE PARK
City-St-Zip: ORMOND BEACH, FL 32174
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete Title: SEC (X) Change () Addition Name: SCHEIDEGGER, WILLIAM Name: GIBSON, ZAYNA

Address: 12 ARBOR LAKES PARK Address: 102 WOODBRIDGE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: DAYTONA BEACH, FL 32119

Title: () Delete Title: **PRES** (X) Change () Addition SCHEIDEGGER, JUDITH Name: SHOEMAKER, ELIZABETH Name: Address: 12 ARBOR LAKES PARK Address: 544 RIVERSIDE DRIVE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

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: MARY E STEPHENS TREA 04/29/2009