

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007390

FILED
May 01, 2009
Secretary of State

Entity Name: OCEANS EDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147

New Mailing Address:

FEI Number: 20-5184563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: PD () Delete
Name: GROSCH, FRANK
Address: 650 S. NORTHLAKE BLVD. #450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD (X) Delete
Name: FLYNN, JOHN
Address: 650 S. NORTHLAKE BLVD. #450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: STD (X) Delete
Name: WITTIG, RICHARD
Address: 650 S. NORTHLAKE BLVD. #450
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WITTIG, RICHARD
Address: 201 25TH AVE SOUTH #N24
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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

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: RICHARD WITTIG

D

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date