2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007390

FILED Apr 28, 2010 Secretary of State

Entity Name: OCEANS EDGE CONDOMINIUM ASSOCIATION, INC.

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

225 S WESTMONTE DRIVE 225 S WESTMONTE DR

SUITE 3310 STE #3310

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

PO BOX 162147 PO BOX 162147

ALTAMONTE SPRINGS, FL 327162147 ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 20-5184563 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:

WOMACK, ELLEN R VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S WESTMONTE DR 225 S WESTMONTE DR

ALTAMONTE SPRINGS, FL 32714 US #3310 ALTAMONTE SPRINGS, FL 32714 US

ALTAMONTE OF KINOO, TE 32714 OK

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: ELLEN R WOMACK 04/28/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PT

Name: WILSON, BRIAN

Address: 1450 INFINITE DRIVE STE E2 City-St-Zip: LOUISVILLE, CO 80027

Title: VS

Name: WELLS, PETER

Address: 1450 INFINITE DRIVE STE E2 City-St-Zip: LOUISVILLE, CO 80027

Title: D

 Name:
 PROM, STEPHEN

 Address:
 50 N LAURA ST STE 2500

 City-St-Zip:
 JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: BRIAN WILSON PT 04/28/2010