

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007958

FILED  
Feb 18, 2008  
Secretary of State

**Entity Name:** OVATION OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2201 FOURTH ST. NORTH, STE. 200  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

2201 FOURTH ST. NORTH, STE. 200  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 20-8514636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHEEZEM, J. MICHAEL  
2201 FOURTH ST. NORTH, STE. 200  
ST. PETERSBURG, FL 33704 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: DP ( ) Delete  
Name: COOPER, GAIL M.  
Address: 2201 FOURTH ST. NORTH, STE. 200  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DVS ( ) Delete  
Name: BEAUMONT, SANDRA D.  
Address: 2201 FOURTH ST. NORTH, STE. 200  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DT ( ) Delete  
Name: ALLEN, ROBERT L.  
Address: 2201 FOURTH ST. NORTH, STE. 200  
City-St-Zip: ST. PETERSBURG, FL 33704

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

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

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: GAIL M. COOPER

DP

02/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date