

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011160

FILED
Jul 16, 2009
Secretary of State

Entity Name: OCEAN VISTA AT JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

301 S. MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

4213 COUNTY RD 218
SUITE 1
MIDDLEBURG, FL 32068

Current Mailing Address:

301 S. MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

4213 COUNTY RD 218
SUITE 1
MIDDLEBURG, FL 32068

FEI Number: 27-0507308 **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:

DAVENPORT, GARY B
211 S. 4TH ST.
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

WALTERS, NANCY L
4213 COUNTY RD 218
SUITE 1
MIDDLEBURG, FL 32068 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: NANCY L. WALTERS

07/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWAB, PETER W
Address: 301 S. MILL VIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VTD () Delete
Name: PASTORI, ROBERT
Address: 2471 FISH HOOK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: SCHWAB, PETER W
Address: 301 S. MILL VIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOET, JOE
Address: 4213 COUNTY RD 218, SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068

Title: VTD (X) Change () Addition
Name: PASTORI, ROBERT
Address: 4213 COUNTY RD 218, SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068

Title: SEC (X) Change () Addition
Name: PATEL, NITINA
Address: 4213 COUNTY RD 218, SUITE 1
City-St-Zip: MIDDLEBURG, FL 32068

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: NANCY L. WALTERS

CAM

07/16/2009

Electronic Signature of Signing Officer or Director

Date