2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06562

FILED Mar 24, 2009 Secretary of State

Entity Name: OCEAN WATERWAY CO-OP, INC.

Current Principal Place of Business: New Principal Place of Business: 1500 OLD GRIFFIN RD DANIA BEACH, FL 33004 **Current Mailing Address: New Mailing Address:** 1500 OLD GRIFFIN RD DANIA BEACH, FL 33004 FEI Number: 65-0383998 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: CERNY, DANIELLE 1500 OLD GRIFFIN RD DANIA BEACH, FL 33004 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete VALIQUETTE, DENIS VALIQUETTE, DENIS Name: Name: 85 DOMINICA STREET Address: 85 DOMINICA STREET Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: DANIA BEACH, FL 33004 Title: () Delete Title: () Change () Addition AYOTTE, CARL R Name: Name: Address: 232 JAMAICA STREET Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: () Delete Title: (X) Change () Addition DALLAIRE, CLAUDE Name: BOULANGER, JEANNE Name: Address: 72 CAT CAY CRT Address: 196 INAGUA STREET City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: DANIA BEACH, FL 33004 () Delete Title: Title: () Change () Addition LABRANCHE, RICHARD Name: Name: 159 INAGUA STREET Address: Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: () Delete Title: () Change () Addition TOURANGEAU, BETTY Name: Name: 81 DOMINICA STREET Address: Address: City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALLEN, HERALD ALLEN, HERALD Name: Name: Address: 17 HIGHBORNE LANE Address: 17 HIGHBORNE LANE DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 City-St-Zip: 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 LABRANCHE PRES 03/24/2009