

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07214

FILED  
Feb 27, 2008  
Secretary of State

**Entity Name:** OCEAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2900 COASTAL HWY APT 2  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2900 COASTAL HWY APT 1  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-2441517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, ALINE  
2900 COASTAL HWY APT 1  
SAINT AUGUSTINE, FL 32084 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: GIDDENS, DARRELL H  
Address: 2900 COASTAL HWY, UNIT 5  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VD ( ) Delete  
Name: DEWIGGINS, RICHARD  
Address: 2900 COASTAL HWY, UNIT 6  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: GOLDFADDEN, ADEL  
Address: 2900 COASTAL HWY, UNIT 4  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD ( ) Delete  
Name: WHITE, ALINE  
Address: 2900 COASTAL HIGHWAY #1  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

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

Title: S (X) Change ( ) Addition  
Name: BYRD, CONNIE  
Address: 2900 COASTAL HWY, UNIT 2  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: DARRELL H. GIDDENS

PD

02/27/2008

Electronic Signature of Signing Officer or Director

Date