

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08068

FILED
Mar 02, 2009
Secretary of State

Entity Name: OCEAN VIEW MARINA ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIME MANAGEMENT GROUP
20741 INDIANTOWN RD #200
JUPITER, FL 33458

New Principal Place of Business:

C/O PRIME MANAGEMENT GROUP
2074 W. INDIANTOWN RD #200
JUPITER, FL 33458

Current Mailing Address:

C/O PRIME MANAGEMENT GROUP
20741 INDIANTOWN RD #200
JUPITER, FL 33458

New Mailing Address:

C/O PRIME MANAGEMENT GROUP
2074 W. INDIANTOWN RD #200
JUPITER, FL 33458

FEI Number: 59-1895660

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:

MOLLENGARDEN, PETER C ESQ
250 AUSTRALIAN AVE. SOUTH
SUITE 500
WEST PALM BEACH, FL 33401 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: PETER C. MOLLENGARDEN

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GOODWIN, SUZANNE
Address: 2370 NE OCEAN BLVD., B-203
City-St-Zip: STUART, FL

Title: S () Delete
Name: CAPUTO, JAMES
Address: 2370 NE OCEAN BLVD #B-206
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: MYER, ALFRED
Address: 2370 N.E. OCEAN BLVD #C-105
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: GOLDSMITH, MARVIN
Address: 2370 N.E. OCEAN BLVD #A-303
City-St-Zip: STUART, FL 34996

Title: P () Delete
Name: CROSSON, JACK
Address: 2370 N.E. OCEAN BLVD C-104
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GOODWIN, SUZANNE
Address: 2370 NE OCEAN BLVD., B-203
City-St-Zip: STUART, FL 34996

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

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: JACK CROSSON

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date