2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10422

FILED Apr 07, 2008 Secretary of State

Entity Name: OCEAN BEACHCLUB HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	STREET, #11 RNA BEACH				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	STREET, #11 RNA BEACH				
FEI Number:	59-2648937	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:	
1600 S. FE SUITE 970	EDERAL HWY				
	named entity of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WAGNER, BE' 12167 COUNT) Delete VERLY RY GREENS BLVD ACH, FL 33437	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (LAKE, OLIVER P O BOX 1136 LAKE CITY, FI	5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WAGNER, FLO 12167 COUNT) Delete DYD RY GREENS BLVD ACH, FL 33437	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BURTON, RICI 706 BRANDYV LARGO, FL 3:	VINE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BLAZER, JO A 5359 BONITA DELHI, OH 45	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN GILBERT MGR 04/07/2008