

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 19, 2005
Secretary of State**

DOCUMENT# N10455

Entity Name: OCEAN VIEW NURSING HOME AUXILIARY, INC.

Current Principal Place of Business:

2810 S ATLANTIC AVE
C/O ESTHER RAMSAY
NEW SMYRNA BEACH, FL 321690446 US

New Principal Place of Business:

2810 SOUTH ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

2810 S ATLANTIC AVE
C/O ESTHER RAMSAY
NEW SMYRNA BEACH, FL 321690446 US

New Mailing Address:

250 WEST PINE AVE
C/O IMAH STRANGE
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 59-2561536 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:

HAYES, EILEEN
2817 TURNBULL ESTATES DRIVE
NEW SMYRNA BEACH, FL 32168 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: EILEEN HAYES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARNOLD, GLORIA
Address: 3824 SAXON DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DS () Delete
Name: ABLE, BARBARA
Address: 834 8TH AVE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: DV () Delete
Name: JULIAN, BETTY
Address: 149 BREEZEWAY COURT
City-St-Zip: NEW SMYRNA BEACH, FL

Title: T (X) Delete
Name: HAYES, EILEEN
Address: 2817 TURNOVER ESTATES DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAYES, EILEEN
Address: 2817 TURNBULL ESTATES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S (X) Change () Addition
Name: JULIAN, BETTY
Address: 149 BREEZEWAY COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T (X) Change () Addition
Name: STRANGE, IMAH
Address: 250 WEST PINE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EILEEN HAYES

Electronic Signature of Signing Officer or Director

P

10/19/2005

Date