

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10455

FILED
Jan 11, 2009
Secretary of State

Entity Name: OCEAN VIEW NURSING HOME AUXILIARY, INC.

Current Principal Place of Business:

2810 SOUTH ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2561536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRANGE, IMAH E
250 W PINE AVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

PERROTTI, CORNELIA P
4325 S. ATLANTIC AVE. #8
NEW SMYRNA BEACH, FL 32169 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: CORNELIA P. PERROTTI

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: HAYES, EILEEN
Address: 2817 TURNBULL ESTATES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: JULIAN, BETTY
Address: 149 BREEZWAY COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P () Delete
Name: STRANGE, IMAH
Address: 250 WEST PINE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: STRANGE, IMAH
Address: 250 WEST PINE AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: S (X) Change () Addition
Name: PERROTTI, CORNELIA P
Address: 4325 S. ATLANTIC AVE. #8
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: T (X) Change () Addition
Name: JULIAN, BETTY
Address: P.O. BOX 2265
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: VP () Change (X) Addition
Name: VIEGAS, PAM
Address: 2617 WOODLAND DRIVE
City-St-Zip: EDGEWATER,, FL 32141 US

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: CORNELIA P. PERROTTI

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01/11/2009

Electronic Signature of Signing Officer or Director

Date