

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10455

**FILED**  
**Feb 09, 2010**  
**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:**

PERROTTI, CORNELIA P  
4325 S. ATLANTIC AVE. #8  
NEW SMYRNA BEACH, FL 32169 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: PR  
Name: STRANGE, IMAH  
Address: 250 WEST PINE AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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

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

Title: VP  
Name: VIEGAS, PAM  
Address: 2617 WOODLAND DRIVE  
City-St-Zip: EDGEWATER,, FL 32141 US

I hereby 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 all other like empowered.

SIGNATURE: CORNELIA PERROTTI

S

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date