

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16213

FILED
Feb 27, 2009
Secretary of State

Entity Name: OCEANS ATRIUM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3023 S. ATLANTIC AVENUE
DAYTONA BCH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

3023 S. ATLANTIC AVENUE
DAYTONA BCH SHORES, FL 32118

New Mailing Address:

FEI Number: 59-2770532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, WINSLOW
3023 S ATLANTIC AVE 801
DAYTONA BEACH, FL 32118 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: P () Delete
Name: SCHWARZ, KAY
Address: 3023 S ATLANTIC AVE #1207
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP () Delete
Name: WARD, WINSLOW
Address: 3023 S ATLANTIC AVE #801
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S () Delete
Name: BAESCH, BETTY
Address: 3023 S ATLANTIC AVE #804
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T () Delete
Name: BOYCE, GARY
Address: 3023 S ATLANTIC AVE #702
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: ZAREMSKAS, ALAN
Address: 261 BUCKLEY HILL RD
City-St-Zip: COLCHESTER, CT 06415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARISA A. RAINS

CAM

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date