

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90162 015 ****61.25

DOCUMENT # N17736 1. Entity Name OCEAN MARINA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business OCEAN MARINA DR FLAGLER BCH., FL 32136 US				Mailing Address P.O. BOX 2330 FLAGLER BEACH, FL 32136 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BELLAPIANTA, MARC 17 OLD KINGS RD NORTH SUITE B PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOKES, LEA A <input type="checkbox"/> Delete 406 OCEAN MARINA DRIVE FLAGLER BEACH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Nolsoe, Heather <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 803 Ocean Marina Drive Flagler Beach, FL 32136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIBSON, GLEN <input type="checkbox"/> Delete 505 OCEAN MARINA DRIVE FLAGLER BEACH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buchanan, Roger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 507 Ocean Marina Drive Flagler Beach, FL 32136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JEAN <input type="checkbox"/> Delete 340 HOLLYWOOD FOREST DRIVE ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wheaton, Janice <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 806 Ocean Marina Drive Flagler Beach, FL 32136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMPTON, PATRICIA <input checked="" type="checkbox"/> Delete 602 OCEAN MARINA DRIVE FLAGLER BEACH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JAMES <input checked="" type="checkbox"/> Delete 1 BARRISTER LN PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTIGREW, RICHARD <input type="checkbox"/> Delete 1006 OCEAN MARINA DR PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>GLEN GIBSON</u>			4-9-07 386 445-9282		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		