

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17736

FILED
Apr 27, 2009
Secretary of State

Entity Name: OCEAN MARINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

OCEAN MARINA DR
FLAGLER BCH., FL 32136 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2330
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 59-2771257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLAPIANTA, MARC
17 OLD KINGS RD NORTH
SUITE B
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

PREFERRED MANAGEMENT SERVICES
109 S SIXTH ST
102
FLAGLER BEACH, FL 32136 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: LEA STOKES

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOKES, LEA A
Address: 406 OCEAN MARINA DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VPD () Delete
Name: GROSS, GERALD
Address: 9230 CLARK PLACE
City-St-Zip: CROWN POINT, IN 46307

Title: PD () Delete
Name: SMITH, JEAN
Address: 340 HOLLYWOOD FOREST DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: NOLSOE, HEATHER
Address: 803 OCEAN MARINA DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D (X) Delete
Name: BUCHANAN, ROGER
Address: 507 OCEAN MARINA DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: STD (X) Delete
Name: PETTIGREW, RICHARD
Address: 1006 OCEAN MARINA DR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MARY-ANNE, GLEASON
Address: 810 OCEAN MARINA DR
City-St-Zip: FLAGLER BEACH, FL 32136

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

Title: T (X) Change () Addition
Name: PETTIGREW, RICHARD
Address: 1006 OCEAN MARINA DR
City-St-Zip: FLAGLER BEACH, FL 32136

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: LEA STOKES

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date