

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90055 026 \*\*\*\*61.25

<b>DOCUMENT # N18491</b> 1. Entity Name OCEAN RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 102 OCEAN RIDGE DR. FERNANDINA BCH., FL 32034 US			Mailing Address 102 OCEAN RIDGE DR. FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2800589	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <del>MULRAIN, GATHY D</del> <del>112 CORMORANT COURT -</del> <del>FERNANDINA BCH, FL- 32034</del>				7. Name and Address of New Registered Agent Name <b>H. PRICE POOLE, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>303 Centre Street, Suite 200</b> City <b>Fernandina Beach</b> <b>FL</b> Zip Code <b>32034</b>	
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 Signature, typed or printed name of registered agent and title if applicable.			H. PRICE POOLE, JR. 2/16/06 (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$61.25 Due by May 1, 2006		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	DVP ESTES, KEVIN M. - 109 CORMORANT COURT - FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HADDOCK, Mark 134 Ocean Ridge Drive Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BT- PINGSBACK, MARGARET W - 110 OCEAN RIDGE DRIVE - FERNANDINA BEACH, FL 32034 -	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHEELER, Elaine B 126 Ocean Ridge Drive Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP- GRAFFON, DONALD H 109 EIDER COURT FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOVEREIGN, Gene 102 Cormorant Court Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS- MULRAIN, GATHY D - - 112 CORMORANT CT FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TERWILLIGER, Kathy 108 Cormorant Court Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BURGESS, FRANCES G 151 IBIS COURT FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	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>Elaine B. Wheeler, Treasurer</u> 2/22/06 904-277-6561 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					