


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90052 028 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # N18491</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>OCEAN RIDGE HOMEOWNERS ASSOCIATION, INC.   |   |  |  |   |  |
| <b>Principal Place of Business</b><br>102 OCEAN RIDGE DR.<br>FERNANDINA BCH., FL 32034 US   |   |  | <b>Mailing Address</b><br>102 OCEAN RIDGE DR.<br>FERNANDINA BEACH, FL 32034 US |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>                                      |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>59-2800589  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>                             |   |  |
| POOLE, H. PRICE JR<br>303 CENTRE ST, STE 200<br>FERNANDINA BEACH, FL 32034  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City             |   |  |
|   |   |  | FL Zip Code  |   |  |
| <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.</b>  |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |   |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
|   |   | <b>Make check payable to Florida Department of State</b>       |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | DVP<br>HADDOCK, MARK<br>134 OCEAN RIDGE DR<br>FERNANDINA BEACH, FL 32034    | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | DVP<br>Robert Ramsay<br>136 Ocean Ridge<br>Fernandina Beach FL 32034              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | DT<br>WHEELER, BLAINE B<br>126 OCEAN RIDGE DR<br>FERNANDINA BEACH, FL 32034 | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | DT<br>Kevin Estes<br>109 Cormorant Ct.<br>Fernandina Beach FL 32034               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | D<br>SOVEREIGN, GENE<br>102 CORMORANT CT<br>FERNANDINA BEACH, FL 32034      | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | D<br>Michael Gaito<br>102 Eider Ct.<br>Fernandina Beach FL 32034                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | DS<br>TERWILLIGER, KATHY<br>108 CORMORANT CT<br>FERNANDINA BEACH, FL 32034  | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | DS<br>Kathy Nevil<br>106 Ocean Ridge Dr.<br>Fernandina Beach FL 32034             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | DP<br>BURGESS, FRANCES G<br>151 IBIS COURT<br>FERNANDINA BEACH, FL 32034    | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | DP<br>Donald Grafton<br>109 Eider Ct.<br>Fernandina Beach FL 32034                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | Fernandina Beach  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> <u>Kevin Estes</u> <b>KEVIN ESTES</b> <b>MAR 8, 2008</b> <b>904 491 6081</b>  |   |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |  |   |  |