

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/6/

FILED
May 14, 2007 8:00 am
Secretary of State

04-06-2007 90034 030 ****61.25

DOCUMENT # N21020					
1. Entity Name OCEAN CAY PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business % STUART O. MARR 560 OCEAN CAY KEY LARGO, FL 33037			Mailing Address P. O. BOX 2746 KEY LARGO, FL 33037 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 09-0185705	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAMBLEM, COOPER 540 OCEAN CAY KEY LARGO, FL 33037 			7. Name and Address of New Registered Agent Name MacKarrich Charles Street Address (P.O. Box Number is Not Acceptable) 545 Ocean Cay City Key Largo, FL Zip Code 33037		
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 Charles MacKarrich DATE 3/24/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)					
Filing Fee is \$84.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VPD MARR, STUART 560 OCEAN CAY KEY LARGO, FL 33037 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Clement DiFillipo 557 Ocean Cay Key Largo, FL 33037 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAMBLEM, COOPER 540 OCEAN CAY KEY LARGO, FL 33037 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Charles MacKarrich 545 Ocean Cay Key Largo, FL 33037 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRAHAM, KRISTIE 539 OCEAN WAY KEY LARGO, FL 33037 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COAKLEY, LISA 550 OCEAN CIR KEY LARGO, FL 33037 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALLAHAN, ROBIN 552 OCEAN CAY KEY LARGO, FL 33037 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ronald Sievers 548 Ocean Cay Key Largo, FL 33037 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Kristie Graham Treasurer (Kristie Graham) 3/24/07 205 451-3994 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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