

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21020

FILED
Aug 06, 2009
Secretary of State

Entity Name: OCEAN CAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% STUART D. MARR
560 OCEAN CAY
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2746
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 09-0165705 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MACKARVICH, CHARLES
540 OCEAN CAY
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DIFILLIPO, CLEMENT
Address: 557 OCEAN CAY
City-St-Zip: KEY LARGO, FL 33037

Title: PD () Delete
Name: MACKARVICH, CHARLES
Address: 545 OCEAN CAY
City-St-Zip: KEY LARGO, FL 33037

Title: TD () Delete
Name: SHAMBLIN, ALISON A
Address: 540 OCEAN CAY
City-St-Zip: KEY LARGO, FL 33037

Title: SD () Delete
Name: COAKLEY, LISA
Address: 550 OCEAN CIR
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: SIEVERS, RONALD
Address: 548 OCEAN CAY
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LISA COAKLEY

SD

08/06/2009

Electronic Signature of Signing Officer or Director

Date