


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N32750 1. Entity Name THE OCEAN TRILLIUM SOUTH CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 3405 ATLANTIC AVE NEW SMYRNA BCH., FL 32169	Mailing Address 3405 ATLANTIC AVE NEW SMYRNA BCH., FL 32169
---	---



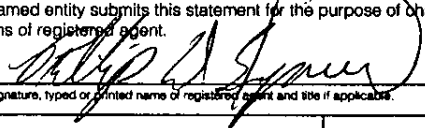
03132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0388495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUTA, T.R. Phillip Seymour 3405 S ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

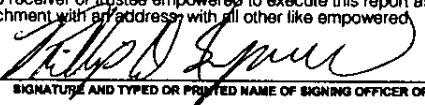
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE April 19 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, PHILIP 612 PARKWOOD AVENUE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEAL, ALBERTA RR#1 7561 HAMILTON ROAD PUTMAN, ON n0l 2b0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURCHIE, ALEX 526 MALL DRY BEACH ROAD, RR#5 WARTON, ONTARIO, CA N0H- T0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIS, MARY 217 GIBSON ROAD ANNAPOLIS, MD 21401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRUGAR, MIKE 63 WEST LEWIS AVE. MILAN, MI 48180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000917523
05/13/08-80043-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE April 19 2008 <small>Date Daytime Phone #</small>