2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32750

FILED Mar 31, 2009 Secretary of State

Entity Name: THE OCEAN TRILLIUM SOUTH CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3405 ATLANTIC AVE NEW SMYRNA BCH., FL 32169 **Current Mailing Address: New Mailing Address:** 3405 ATLANTIC AVE NEW SMYRNA BCH., FL 32169 FEI Number: 59-0388495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAM ROE RUTA, T.R. 3405 S ATLANTIC AVENUE 3500 SOUTH ATLANTIC AVE US NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32169 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: WILLIAM ROE 03/31/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SEYMOUR, PHILIP Name: Name: 612 PARKWOOD AVENUE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: () Change () Addition O'NEAL, ALBERTA Name: Name: Address: RR#1 7561 HAMILTON ROAD Address: City-St-Zip: PUTMAN, ON NOL 2B0 City-St-Zip: Title: () Delete Title: (X) Change () Addition MURCHIE, ALEX MURCHIE, ALEX Name: Name: 526 MALL DRY BEACH ROAD, RR#5 Address: Address: 526 MALL DRY BEACH ROAD, RR#5 City-St-Zip: WIARTON, ONTARIO, CA NOH- TO City-St-Zip: WIARTON, ONTARIO, CA N0H2T0 () Delete Title: VΡ Title: () Change () Addition Name: ELLIS, MARY Name: 217 GIBSON ROAD Address: Address: City-St-Zip: ANNAPOLIS, MD 21401 City-St-Zip: Title: () Delete Title: (X) Change () Addition STRUGAR, MIKE CLEMENTS, ANDY Name: Name: 63 WEST LEWIS AVE. 758 DUFFUS DRIVE Address: Address: ENNISMORE, ONTARIO, CA KOL1TD CA City-St-Zip: MILAN, MI 48160 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: RICCILYNN WHITNEY ADM 03/31/2009