

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36642**

1. Entity Name

OCEAN FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1616 OCEAN FOREST DRIVE  
FERNANDINA BEACH, FL 32034 US

Mailing Address

1616 OCEAN FOREST DR  
FERNANDINA BEACH, FL 32034 US



04242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3213255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

POOLE, WESLEY  
303 CENTRE ST  
STE 200  
FERNADIRA BEACH, FL 32034

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

U00000941918  
05/20/08 00127-002 61.25

10. OFFICERS AND DIRECTORS

TITLE DT  
NAME FARRELL, DAWN  
STREET ADDRESS 1616 OCEAN FOREST DR  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE VPD  
NAME MISCHLEY, WALTER  
STREET ADDRESS 1637 OCEANFOREST DRIVE  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE MLD  
NAME FINCH, STEVE  
STREET ADDRESS 1619 OCEAN FRONT DRIVE  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE PD  
NAME SCHONLNGER, STEVE  
STREET ADDRESS 1615 OCEAN FOREST DRIVE  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE SD  
NAME BANDELIN, DAVID  
STREET ADDRESS 4857 OCEAN FOREST LANE  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn E. Farrell  
Treasurer

Date

Daytime Phone #

4/29/08 (904) 277-1634