

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39531

FILED
Apr 11, 2007
Secretary of State

Entity Name: OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE BEACH, INC.

Current Principal Place of Business:

36 OCEANI COURT
SAINT AUGUSTINE, FL 32080 US

New Principal Place of Business:

10 BEACH STREET
SAINT AUGUSTINE, FL 32080 US

Current Mailing Address:

36 OCEANI COURT
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

10 BEACH STREET
SAINT AUGUSTINE, FL 32080 US

FEI Number: 59-2811335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROST, THOMAS
36 OCEAN COURT
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

KEITH, LINDA
10 BEACH STREET
SAINT AUGUSTINE, FL 32080 US

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: LINDA KEITH

04/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MCLEMORE, TED
Address: 1 NORTH TRIDENT PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: P (X) Delete
Name: SCHMALKUCHE, FRED
Address: 19 SUNFISH DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TD () Delete
Name: FROST, THOMAS
Address: 36 OCEAN COURT
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD () Delete
Name: DROZD, DEBORAH
Address: 1 BEACH STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: KEITH, LINDA
Address: 10 BEACH STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD (X) Change () Addition
Name: COLALILLO, THOMAS
Address: 5 BEACH STREET
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA KEITH

TD

04/11/2007

Electronic Signature of Signing Officer or Director

Date