

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39531

FILED  
Apr 09, 2008  
Secretary of State

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

**Current Principal Place of Business:**

10 BEACH STREET  
SAINT AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 BEACH STREET  
SAINT AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 59-2811335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEITH, LINDA  
10 BEACH STREET  
SAINT AUGUSTINE, FL 32080 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: MCLEMORE, TED  
Address: 1 NORTH TRIDENT PLACE  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

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

Title: SD ( ) Delete  
Name: COLALILLO, THOMAS  
Address: 5 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: ( ) 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: LINDA KEITH

TD

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date