

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39531

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1535 STATE ROAD 207  
SAINT AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

10 BEACH ST  
SAINT AUGUSTINE, FL 32080 US

**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: PD  
Name: PARENT, DONAH  
Address: 8 BEACH ST  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

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

Title: SD  
Name: COLALILLO, THOMAS  
Address: 5 BEACH STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: LINDA KEITH

SD

03/29/2010

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

\_\_\_\_\_  
Date