

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41811

FILED  
May 28, 2009  
Secretary of State

**Entity Name:** OCEANQUEST CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

4641 S ATLANTIC AVE  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

4641 S. ATLANTIC AVENUE  
PONCE INLET, FL 32127 US

**New Mailing Address:**

**FEI Number:** 59-3046822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GUTLOVE, NORMAN  
4641 S. ATLANTIC AVE. # 701  
PONCE INLET, FL 32127 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 ( ) Delete  
Name: GUTLOVE, NORMAN  
Address: 4641 S ATLANTIC AVE, # 701  
City-St-Zip: PONCE INLET, FL 32127

Title: VD ( ) Delete  
Name: BACHAND, RONALD  
Address: 4641 S ATLANTIC AVE. # 206  
City-St-Zip: PONCE INLET, FL 32127

Title: SD ( ) Delete  
Name: SANDER, SUSAN  
Address: 4641 S ATLANTIC AVE #402  
City-St-Zip: PONCE INLET, FL 32127

Title: TD ( ) Delete  
Name: LIPPENS, JOHN  
Address: 119 POLO LANE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: SUTTON, STEVE  
Address: 4641 S. ATLANTIC AVE. #708  
City-St-Zip: PONCE INLET, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: FRICKE, RUTH  
Address: 3466 COLWYN COURT  
City-St-Zip: ORLANDO, FL 32812

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

Title: TD (X) Change ( ) Addition  
Name: SUTTON, STEVE  
Address: 4641 S ATLANTIC AVE #708  
City-St-Zip: PONCE INLET, FL 32127

Title: D (X) Change ( ) Addition  
Name: LIPPENS, JOHN  
Address: 119 POLO LANE  
City-St-Zip: SANFORD, FL 32771

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: NORMAN GUTLOVE

PD

05/28/2009

Electronic Signature of Signing Officer or Director

Date