

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41811

FILED
Jan 06, 2010
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:

4641 S ATLANTIC AVE
PONCE INLET, FL 32127 US

FEI Number: 59-3046822 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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

Title: PD
Name: FRICKE, RUTH
Address: 3466 COLWYN COURT
City-St-Zip: ORLANDO, FL 32812

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

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

Title: VD
Name: LIPPENS, JOHN
Address: 119 POLO LANE
City-St-Zip: SANFORD, FL 32771

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: NORMAN GUTLOVE

D

01/06/2010

Electronic Signature of Signing Officer or Director

_____ Date