

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51049

FILED
Apr 16, 2009
Secretary of State

Entity Name: OCEAN POINTE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 BURTON DR.
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

107 HAMPTON ROAD
SUITE 100
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 65-0361985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROVIDENT MANAGEMENT CORP
107 HAMPTON ROAD
STE 100
CLEARWATER, FL 337593916 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: VD () Delete
Name: MAYNARD, ROBERT
Address: 500 BURTON DR
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: MARTINDALE, DAVID
Address: 500 BURTON DRIVE
City-St-Zip: TAVERNIER, NJ 33070

Title: PD () Delete
Name: MARTELLO, KEITH
Address: 500 BURTON DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: ALESSO, BRUCE
Address: 500 BURTON DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: STD () Delete
Name: O'BRIEN, RALPH
Address: 3347 FOXCROFT DRIVE
City-St-Zip: LEWIS CENTER, OH 43035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAYNARD, ROBERT
Address: 500 BURTON DR
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Change () Addition
Name: BOWEN, JAMES
Address: 5806 RAINBOW SPRINGS DR.
City-St-Zip: CHATTANOOGA, TN 37416

Title: D (X) Change () Addition
Name: MARTELLO, KEITH
Address: 500 BURTON DRIVE
City-St-Zip: TAVERNIER, FL 33070

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: M SUE DOBSON

AGT

04/16/2009

Electronic Signature of Signing Officer or Director

Date