

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90193 041 ****61.25

DOCUMENT # N92000000089	
1. Entity Name OCEAN GARDENS TOWNHOME OWNERS ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 137 CAPE CANAVERAL FL 32920-0137	Mailing Address P.O. BOX 137 CAPE CANAVERAL FL 32920-0137
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 59-3170935		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent WILLIAMS, DONALD E 111 OCEAN GARDEN LANE CAPE CANAVERAL FL 32920		7. Name and Address of New Registered Agent MATTHEW T. BURKE CPA Cape Royal Office Building Suite 707 1980 N. Atlantic Avenue Cocoa Beach, FL 32931-3275	
Name		Name	
Street Address (P.O. Box Number is not acceptable)		Street Address (P.O. Box Number is not acceptable)	
City		City	
Zip Code		Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Matthew T. Burke CPA* DATE *2/14/08*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is not used when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DON	NAME	
STREET ADDRESS	111 OCEAN GARDEN LN	STREET ADDRESS	
CITY- ST- ZIP	CAPE CANAVERAL FL 32920	CITY- ST- ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DERMAN, MARK	NAME	
STREET ADDRESS	134 OCEAN GARDEN LANE	STREET ADDRESS	
CITY- ST- ZIP	CAPE CANAVERAL FL 32920	CITY- ST- ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RENNBERG, DONNA	NAME	
STREET ADDRESS	138 OCEAN GARDEN LN	STREET ADDRESS	
CITY- ST- ZIP	CAPE CANAVERAL FL 32920	CITY- ST- ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICHARD, JOHN	NAME	
STREET ADDRESS	101 OCEAN GARDEN LANE	STREET ADDRESS	
CITY- ST- ZIP	CAPE CANAVERAL FL 32920	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* Feb 22 2008