

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000089

FILED
Mar 02, 2009
Secretary of State

Entity Name: OCEAN GARDENS TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 137
CAPE CANAVERAL, FL 329200137

New Principal Place of Business:

124 OCEAN GARDEN LANE
CAPE CANAVERAL, FL 329200137

Current Mailing Address:

P.O. BOX 137
CAPE CANAVERAL, FL 329200137

New Mailing Address:

FEI Number: 59-3170935 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURKE, MATTHEW T CPA
CAPE ROYAL OFFIE BUILDING
SUITE 707
COCOA BEACH, FL 329313275 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: WILLIAMS, DON
Address: 111 OCEAN GARDEN LN
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: PD () Delete
Name: DERMAN, MARK
Address: 134 OCEAN GARDEN LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD () Delete
Name: RENBERG, DONNA
Address: 138 OCEAN GARDEN LN
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD () Delete
Name: RICHARD, JOHN
Address: 101 OCEAN GARDEN LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WIGGLESWORTH, PATRICK
Address: 139 OCEAN GARDEN LN
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: PD (X) Change () Addition
Name: CHARLES, ROICHEK
Address: 124 OCEAN GARDEN LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD (X) Change () Addition
Name: OWEN, LAURA
Address: 107 OCEAN GARDEN LN
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD (X) Change () Addition
Name: CALLAHAN, EDWARD
Address: 126 OCEAN GARDEN LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

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: CHARLES ROICHEK

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date