## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000890

FILED Apr 30, 2008 Secretary of State

Entity Name: OCEAN BREEZE PARK WEST TENANTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

101 11TH ST., OCEAN MARATHON, FL 33050

Current Mailing Address: New Mailing Address:

PO BOX 522575 16172 NE 5TH ST. MARATHON SHORES, FL 33052 WILLISTON, FL 32696

FEI Number: 65-0387644 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WILLIAMS, STEVEN T CUNNINHGAM, MILLER & KYLE, P.A. 2975 OVERSEAS HWY. MARATHON, FL 33050 US

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:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 DORAN, JAMES
 Name:
 WILSON, JOSEPH SCOTT

 Address:
 101 11TH ST LOT #33
 Address:
 16172 NE 5TH ST.

 City-St-Zip:
 MARATHON, FL 33050
 City-St-Zip:
 WILLISTON, FL 32696

 Name
 Wilson, Scott
 Name
 Norkis, Relet A

 Address:
 16172 N. RIVER RD.
 Address:
 101 11TH ST. OCEAN #2

 City-St-Zip:
 WILLISTON, FL 32696
 City-St-Zip:
 MARATHON, FL 33050

Title: T ( ) Delete Title: S (X) Change ( ) Addition Name: SCOTT, RITA Name: SCOTT, RITA

Address: 5606 56TH WAY Address: 5606 56TH WAY

City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: WEST PALM BEACH, FL 33409

 $\label{eq:title:S} {\sf Title:} \qquad {\sf Title:} \qquad {\sf T} \qquad {\sf (X) Change () Addition}$ 

 Name:
 STOVER, SANDRA
 Name:
 WILSON, PAMELA A

 Address:
 PO BOX 522575
 Address:
 16172 NE 5TH ST.

 City-St-Zip:
 MARATHON SHORES, FL 33052
 City-St-Zip:
 WILLISTON, FL 32696

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: J.SCOTT WILSON PRES 04/30/2008