

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005220

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** BLOCK F OACC FIRE SYSTEM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

275 CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

275 CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 65-0468177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OPALEWSKI, PATRICK  
275 CLYDE MORRIS BLVD  
ORMOND BEACH, FL 32174 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: HELLER, DAVID  
Address: 451 SW 57TH AVE  
City-St-Zip: OCALA, FL 34474

Title: STD ( ) Delete  
Name: FRANK, DON  
Address: 5516 SW 1ST LANE  
City-St-Zip: OCALA, FL 34474

Title: PD ( ) Delete  
Name: NOWWISKIE, RONALD E  
Address: 275 CLYDE MORRIS BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: ARNDT, ALAN  
Address: 475 S. SAN ANTONIO RD  
City-St-Zip: LOS ALTOS, CA 94022

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: RONALD E. NOWWISKIE

PRES

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date