

FILED
Apr 25, 2008 8:00 am
Secretary of State

DOCUMENT # N94000000710					
1. Entity Name OCEAN OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8700 RIDGEWOOD AVENUE CAPE CANAVERAL, FL 32920 US			Mailing Address 1980 N ATLANTIC AVE #701 COCOA BEACH, FL 32931 US		
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
6. Name and Address of Current Registered Agent					
DAVIS, PETEY 1980 N. ATLANTIC AVE., STE. 701 COCOA BEACH, FL 32931					Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
Filing Fee is \$81.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, REBECCA 8700 RIDGEWOOD AVE B305 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ISSACS, JIM 8700 RIDGEWOOD AVE #A411 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OZKAPTAN, HAL 8700 RIDGEWOOD AVE A211 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMPBELL, LISA 8700 RIDGEWOOD AVE #B306 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD -TESTA, STEVE- 8700 RIDGEWOOD AVE., #A209 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>William C. Campbell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					