

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000880

FILED
Apr 24, 2008
Secretary of State

Entity Name: OCEAN POINTE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 BURTON DR.
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

107 HAMPTON ROAD
SUITE 100
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 65-0473231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROVIDENT ATLANTIC RESORTS INC
107 HAMPTON ROAD
SUITE 100
CLEARWATER, FL 33759 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: D () Delete
Name: LANDSTEINER, JOYCE
Address: 13901 LAKE MAHOGANY BLVD. #3023
City-St-Zip: FT. MYERS, FL 33907

Title: SD () Delete
Name: EIDAM, CATHERINE
Address: 500 BURTON DR. #2311
City-St-Zip: TAVERNIER, FL 33070

Title: TD () Delete
Name: STORTS, WILLIAM
Address: 3150 PLAIN CITY-GEORGESVILLE RD
City-St-Zip: WEST JEFFERSON, OH 43162

Title: VD () Delete
Name: PARENT, GARY
Address: 11328 OKEECHOBEE BLVD #11
City-St-Zip: ROYAL PLAM BEACH, FL 33411

Title: PD () Delete
Name: SMITH, EDWARD
Address: 7913 SW 153 RD TERR.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANDSTEINER, JOYCE A
Address: 13901 LAKE MAHOGANY BLVD. #3023
City-St-Zip: FT. MYERS, FL 33907

Title: STD (X) Change () Addition
Name: EIDAM, CATHERINE
Address: 500 BURTON DR. #2311
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Change () Addition
Name: STORTS, WILLIAM
Address: 3150 PLAIN CITY-GEORGESVILLE RD
City-St-Zip: WEST JEFFERSON, OH 43162

Title: VD (X) Change () Addition
Name: HEMPEL, GARY
Address: 500 BURTON DRIVE
City-St-Zip: TAVERNIER, FL 33070

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: M SUE DOBSON

AGT

04/24/2008

Electronic Signature of Signing Officer or Director

Date