2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001000

Entity Name: OCEAN SOUND ASSOCIATION, INC.

FILED Mar 28, 2008 Secretary of State

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

P.O. BOX 541 OCEAN SOUND DRIVE & JEAN LAFITE BLVD

FERNANDINA BEACH, FL 320350541 FERNANDINA BEACH, FL 32034 US

Current Mailing Address: New Mailing Address:

P.O. BOX 541 P.O. BOX 541

FERNANDINA BEACH, FL 320350541 FERNANDINA BEACH, FL 320350541 US

FEI Number: 59-3439218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SELBY, THEODORE

2810 OCEAN MIST DR

993 OCEAN BLUFF DRIVE
FEDNIANDINA BEACH EL 320342207 L

AMELIA ISLAND FERNANDINA BEACH, FL 320342297 US FERNANDINA BEACH, FL 32034 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: GREGORY A BURNS 03/28/2008

Electronic Signature of Registered Agent Date

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

itle: DVP () Delete Title: DVP (X) Change () Addition

 Name:
 HOLMES, RICHARD
 Name:
 ROBERTS, DIANNE

 Address:
 2814 OCEAN MIST DR
 Address:
 2800 OCEAN MIST DR

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: DP () Delete Title: DP (X) Change () Addition Name: MARASEK, RICHARD Name: CHUDZYNSKI, MARY Address: 2817 OCEAN MIST DR Address: 992 OCEAN BLUFF DRIVE

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: DST () Delete Title: DST (X) Change () Addition Name: SELBY, THEODORE Name: BURNS, GREGORY A

Address: 2810 OCEAN MIST DR Address: 993 OCEAN BLUFF DRIVE

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 320342297 US

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: GREGORY A BURNS DST 03/28/2008