2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N95000003063

Entity Name: OCEAN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2747 OCEAN OAKS DR SOUTH
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

2747 OCEAN OAKS DR SOUTH
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-3331839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, SCOTT
1012 OCEAN OAKS DR SOUTH
FERNANDINA BEACH, FL 32034 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: PD ( ) Delete
Name: MARTIN, SCOTT
Address: 1012 OCEAN OAKS DR SOUTH
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP ( ) Delete
Name: JENEY, JAYNE
Address: 1008 OCEAN OAKS DR SOUTH
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S/T ( ) Delete
Name: JANA, RAINEY
Address: 2747 OCEAN OAKD DR SOUTH
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ARV ( ) Delete
Name: QUATTLEBAUM, PAT
Address: 1004 OCEAN OAKS DR N
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ARV ( ) Delete
Name: QUATTLEBAUM, JAMES
Address: 1004 OCEAN OAKS DR N
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JANA RAINEY S/T 04/15/2009

Electronic Signature of Signing Officer or Director — Date