

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000162

FILED
Jun 19, 2009
Secretary of State

Entity Name: OCEANVIEW ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

869 ATLANTIC VIEW DRIVE
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15216
FERNANDINA BEACH, FL 320353104

New Mailing Address:

FEI Number: 59-3361535 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANTRY, BEBE
865 ATLANTIC VIEW DRIVER
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

BALLOU, DEBORAH PRES.
869 ATLANTIC VIEW DRIVE
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: DEBORAH BALLOU

06/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BALLOU, DEBORAH
Address: 869 ATLANTIC VIEW DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DV () Delete
Name: SHIVER, ROY D
Address: 871 ATLANTIC VIEW DR
City-St-Zip: FERNANDINA BCH, FL 32034

Title: DV () Delete
Name: STANDARD, MARGARET
Address: 873 ATLANTIC VIEW DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DS () Delete
Name: DAVIS, LARRY
Address: 866 ATLANTIC VIEW DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DT () Delete
Name: SANTRY, BEBE
Address: 865 ATLANTIC VIEW DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BALLOU, DEBORAH
Address: 869 ATLANTIC VIEW DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DV (X) Change () Addition
Name: GREGG, LINDA
Address: 2814 LAGUNA DRIVE
City-St-Zip: FERNANDINA BCH, FL 32034

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: BEBE SANTRY

DT

06/19/2009

Electronic Signature of Signing Officer or Director

Date