

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N96000001843

Entity Name: OCEAN RIDGE HOMEOWNERS ASSOCIATION OF MELBOURNE BEACH, INC.

Current Principal Place of Business:

PO BOX 510402
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931 US

Current Mailing Address:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 34-1831109 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:

RIGERMAN, MARILYN A
200 NORTH FIRST STREET
COCOA BEACH, FL 32931 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: DS () Delete
Name: CHAPMAN, CHARLES
Address: 122 SUNIBEL WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: MARINO, GEORGE
Address: 191 OCEAN RIDGE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DT () Delete
Name: PERCKIEN, JOUNN
Address: 151 OCEAN RIDGE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DP (X) Delete
Name: BONURA, MICHAEL
Address: 154 CAPTIVA COURT
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D (X) Delete
Name: BRUNOSSON, PATRICK
Address: 254 CAPTIVA COURT
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: DORE, ELIZABETH
Address: 175 CAPTIVA COURT
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DP (X) Change () Addition
Name: JOANN, PORCHIEN
Address: 151 OCEAN RIDGE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DS (X) Change () Addition
Name: CHATEL, CAROL
Address: 224 CAPTIVA COURT
City-St-Zip: MELBOURNE BEACH, FL 32951

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: JOANN PORCHIEN

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05/06/2009

Electronic Signature of Signing Officer or Director

_____ Date