

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005046

FILED
Apr 21, 2009
Secretary of State

Entity Name: OCEAN REACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097 US

New Principal Place of Business:

PO BOX 1987
YULEE, FL 320411987 US

New Mailing Address:

P O BOX 1987
YULEE, FL 32041 US

FEI Number: 59-3426814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC.
463499 STATE ROAD 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC
463499 STATE ROAD 200
YULEE, FL 32097 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: SCOTT STEFFEN

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete

Name: REED, MIKE

Address: 1954 EBBTIDE

City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD (X) Change () Addition

Name: REED, MICHAEL

Address: P O BOX 1987

City-St-Zip: YULEE, FL 32041 US

Title: S/D () Delete

Name: GOTTLIEB, DAVID

Address: 2882 EASTWIND DRIVE

City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD (X) Change () Addition

Name: CASTNER, MICHAEL

Address: P O BOX 1987

City-St-Zip: YULEE, FL 32041 US

Title: T/D () Delete

Name: TATUM, JOHN

Address: 1943 ANCHORAGE PLACE

City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD (X) Change () Addition

Name: TATUM, JOHN

Address: P O BOX 1987

City-St-Zip: YULEE, FL 32041 US

Title: VPD () Delete

Name: CASTNER, MIKE

Address: 2803 TIDEWATER STREET

City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D (X) Change () Addition

Name: CARROLL, PHILLIP III

Address: P O BOX 1987

City-St-Zip: YULEE, FL 32041 US

Title: D (X) Delete

Name: KICKLIGHTER, CHARLIE

Address: 2922 BREAKERS DRIVE

City-St-Zip: FERNANDINA BEACH, FL 32034

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: SCOTT STEFFEN

RA

04/21/2009

Electronic Signature of Signing Officer or Director

Date