

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90048 017 ****61.25

DOCUMENT # N97000003883 1. Entity Name OCEAN CAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US			Mailing Address 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0770809	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNOLLY, C P ASSOCIATION MANAGEMENT OF PONTE VEDRA PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent C.P. CONNOLLY Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082		
8. The above named entity submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>C.P. Connolly</u> <u>C.P. CONNOLLY</u> <u>4-12-07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIS, PATRICK 625 BONAIRE CIR JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Edward Lamb 3004 Antigua Dr. Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOFTUS, KURTIS 2815 ST MAARTEN CT JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Victor Melone 3544 Bay Island Circle Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARGETT, DOUGLAS A 3522 BAY ISLAND CIRCLE JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Derek Johnson 829 Bonaire Circle Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIACONO, MICHAEL 3532 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Michael Liacono 3532 Bay Island Circle Jacksonville Beach FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KRAMER, NORMAN 3536 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ron Legere 3201 Antigua Dr. Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Edward Lamb</u> <u>4/18/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					