

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003883

FILED
Apr 16, 2009
Secretary of State

Entity Name: OCEAN CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION MANAGEMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 65-0770809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, C P
ASSOC. MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 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: DP () Delete
Name: LAMB, TED
Address: 3009 ANTIGUA DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: MALONE, VICTOR
Address: 3544 BAY ISLAND CIR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DT () Delete
Name: JOHNSON, DEREK
Address: 829 BONAIRE CIR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: PHILLIPS, JOHN
Address: 2997 ANTIGUA DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DS () Delete
Name: LEGERE, RON
Address: 3201 ANTIGUA DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: MALONE, VICTOR
Address: 3544 BAY ISLAND CIR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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

Title: DS (X) Change () Addition
Name: LIACONO, MICHAEL
Address: 3532 BAY ISLAND CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: TED LAMB

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date