2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N97000005975

Entity Name: OCEANFRONT PARTNERSHIP CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3425 N ATLANTIC AVE
COCOA BCH, FL 32931

New Principal Place of Business:

Current Mailing Address:

3425 N ATLANTIC AVE
COCOA BCH, FL 32931

New Mailing Address:

FEI Number: 59-3488605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIERNING, EUGENE K
3425 N ATLANTIC AVE
COCOA BCH, FL 32931 US

Name and Address of New Registered Agent:

BJERNING, EUGENE K
3425 N ATLANTIC AVE
COCOA BCH, FL 32931 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: EUGENE K. BJERNING 04/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DOBSON, ROGER
Address: 6245 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: STD ( ) Delete
Name: BJERNING, GENE
Address: 6245 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete
Name: HERMANSEN, BJORNAR
Address: 205 HACIENDA DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PD ( ) Delete
Name: HERMANSEN, TOM C
Address: 3425 N ATLANTIC AVE
City-St-Zip: COCOA BCH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TOM C. HERMANSEN PD 04/07/2009
Electronic Signature of Signing Officer or Director Date