

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002021

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** OCEAN ISLES AT DEL-RATON ONE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

702 LA MAT AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

702 LA MAT AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 65-0999289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOMBARDO, JOHN R  
702 LA MAT AVENUE  
DELRAY BEACH, FL 33483 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: P/D ( ) Delete  
Name: LOMBARDO, JOHN R  
Address: 702 LAMAT AVE  
City-St-Zip: DELRAY BCH, FL 33483

Title: V/D ( ) Delete  
Name: WEBER, FRED  
Address: 710 LAMAT AVENUE  
City-St-Zip: DELRAY BCH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOHN R LOMBARDO

P/D

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date