

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90042 039 \*\*\*\*61.25

**DOCUMENT # N98000006767**

1. Entity Name  
**OLEANDER POINTE YACHT CLUB CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1980 N ATLANTIC AVE  
701  
COCOA BEACH, FL 32931**

Mailing Address  
**1980 N ATLANTIC AVE  
701  
COCOA BEACH, FL 32931**

**40060736**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State  
Zip Country

4. FEI Number  
**59-3546743**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DAVIS, PETEY  
1980 N ATLANTIC AVE # 701  
COCOA BEACH, FL 32931**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **VP** ☐ Delete  
NAME **VILARDEBO, CHARLIE**  
STREET ADDRESS **100 RIVERSIDE DR #706**  
CITY-ST-ZIP **COCOA, FL 32922**

TITLE **P** ☐ Delete  
NAME **SMITH, MIKE**  
STREET ADDRESS **102 RIVERSIDE DR C604**  
CITY-ST-ZIP **COCOA, FL 32922**

TITLE **ST** ☐ Delete  
NAME **CLARK, DAVE**  
STREET ADDRESS **102 RIVERSIDE DR #605**  
CITY-ST-ZIP **COCOA, FL 32922**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE: *Charlie Vilardebo* **Charlie Vilardebo** **4/3/2008** **321-433-0808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #