

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 15, 2008
Secretary of State

DOCUMENT# N98000006933

Entity Name: OCEAN VILLA OWNERS' ASSOCIATION OF CRESCENT BEACH, INC.**Current Principal Place of Business:**6010 A1A SOUTH
ST AUGUSTINE, FL 32080**New Principal Place of Business:****Current Mailing Address:**6010 A1A SOUTH
ST AUGUSTINE, FL 32080**New Mailing Address:****FEI Number:** 59-2743783**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOLDBERG, BARBARA J
6010 A1A SOUTH
ST AUGUSTINE, FL 32080 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: GOLDBERG, BARBARA J
Address: 6010 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DVP () Change (X) Addition
Name: GOLDBERG, DAVID
Address: 6010 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080**Title:** DVP () Change (X) Addition
Name: GOLDBERG, LISA
Address: 12201 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33176**Title:** DS () Change (X) Addition
Name: GOLDBERG, SHARON
Address: 100 NORTH FEDERAL HIGHWAY, APT 1226
City-St-Zip: FT LAUDERDALE, FL 33301

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: BARBARA J. GOLDBERG

DP

12/15/2008

Electronic Signature of Signing Officer or Director

Date