

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004010

**Entity Name:** OC HOMEOWNER ASSOCIATION, INC.**Current Principal Place of Business:**350 N CAUSEWAY  
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**350 N CAUSEWAY  
NEW SMYRNA BEACH, FL 32169**FEI Number: 59-3735713****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WRIGHT, THOMAS D  
340 N CAUSEWAY  
NEW SMYRNA BCH, FL 32169 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	FURSE, MARK
Address	2819 BAY SIDE DR
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	VP, SECRETARY
Name	POELTLER, TOM
Address	2811 OSPREY COVE DR
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	TREASURER
Name	BIELOT, ANNE
Address	2812 BAY SIDE DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DIRECTOR
Name	MACKLIN, JEFF
Address	2808 BAY VISTA CT.
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DIRECTOR
Name	JOHNSON, ANNE
Address	2811 BAY SIDE DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

*I hereby 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 all other like empowered.*

**SIGNATURE: MARK FURSE****03/06/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date