

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007030

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** OCEAN CITY COCONUT MALORIE RESORT, INC.

**Current Principal Place of Business:**

201 59TH STREET  
OCEAN CITY, MD 21842

**New Principal Place of Business:**

**Current Mailing Address:**

920 THIRD AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 52-2059948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOSMAS, JAMES M ESQ  
111 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168 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: CP  
Name: KOSMAS, STEVEN P  
Address: 920 THIRD AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V  
Name: KOSMAS, ANGELA G  
Address: 920 THIRD AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DST  
Name: DUFFY, TRUDY  
Address: 920 THIRD AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN P KOSMAS

CP

04/08/2011

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

\_\_\_\_\_ Date