

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90202 023 ****61.25

DOCUMENT # 708194 1. Entity Name OCEAN AIRE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 607 A WEST JEFFERSON STREET LAGRANGE, KY 40031 US			Mailing Address 607-A WEST JEFFERSON STREET LAGRANGE, KY 40031 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04232005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 31-2057432	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MORGAN, MARJORIE P. 217 GLEASON STREET SUITE A DELRAY BCH., FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'SIDORO, JOHN M. 27955 PERGL ROAD SOLON, OH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, ANN M 2526 BELKNAP BEACH PROSPECT, KY 40059	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORGAN, MARJORIE P. 607-A WEST JEFFERSON STREET LAGRANGE, KY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLORE, RUTH G. OLD BROWNSBORO ROAD CRESTWOOD, KY 40014	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, MRS. JAMES W 8803 CHADWICK COURT LOUISVILLE, KY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELM, KAY 260 ST MATTHEWS AVENUE LOUISVILLE, KY 40207	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORGAN, MARJORIE P 607-A West Jefferson St. LAGRANGE, Ky. 40031	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLORE, Lee P.O. Box 21 Crestwood, Ky. 40014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hughes, Susan 217-F Gleason St. Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that this 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 all other like empowered.					
SIGNATURE: <u>Marjorie P. Morgan</u> Marjorie P. Morgan, Treas. 4-22-05 502-222-1422 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					