

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90007 046 \*\*\*\*61.25

**DOCUMENT # 724534**

1. Entity Name

OCEANUS OWNERS ASSOCIATION, INC.



Principal Place of Business

199 HIGHWAY A1A  
 SATELLITE BEACH FL 32937

Mailing Address

199 HIGHWAY A1A  
 SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1713242

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURY, MARIE  
 199A1A A106  
 SATELLITE BEACH FL 32937

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DVP CASEY, MAURICE F	<input type="checkbox"/> Delete
STREET ADDRESS	199 HWY A1A APT B203	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE NAME	D PARZIALE, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	199 HWY A1A D-208	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE NAME	DP CURY, MARIE	<input type="checkbox"/> Delete
STREET ADDRESS	199 HWY A1A A106	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE NAME	DT STEPHENS, CHARLES E	<input type="checkbox"/> Delete
STREET ADDRESS	199 HWY A1A 209D	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE NAME	DS HEITGER, ROBERT J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	199 HWY A1A AP D202	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DS Patricia Tindal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	199 Hwy A1A Apt D-211	
CITY-ST-ZIP	Satellite Bch, FL 32937	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 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 all other like empowered.

SIGNATURE *Charles E. Stephens DT*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6, 2004 321-778-843  
 Date Daytime Phone #