2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 724534

1. Entity Name
OCEANUS OWNERS ASSOCIATION, INC.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

199 HIGHWAY A1A SATELLITE BEACH, FL 32937 Mailing Address

199 HIGHWAY A1A SATELLITE BEACH, FL 32937



01062008 No Chg-NP

CR2E037 (4/06)

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

MCCOY, ANN 199 HWY A1A APT D-104 SATELLITE BEACH, FL 32937

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| SATELLITE BEACH, FL 32937 | | | IN THIS SPACE | | | |
|---|--|---|---------------|--------------------------------|---|--|
| 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 | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | Election Campaign Financ Trust Fund Contribution. | ing 🔲 | \$5.00 May Be Added to Fees | 000000911337 05/07/08+80035-018 61 25. | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS TINDAL, PATRICIA 199 HWY A1A RD. D-211 SATELLITE BEACH, FL 32937 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS COLLEN-CAULFIELD, JEANNE 199 HWY A1A APT B-201 SATELLITE BEACH, FL 32937 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT STEPHENS, CHARLES E 199 HWY A1A 209D SATELLITE BEACH, FL 32937 | | | DO | DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MCCOY, ANN 199 HWY A1A APT D-104 SATELLITE BEACH, FL 32937 | | IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP LOUGHERY, JOHN 1020 STARLING WAY VIERA, FL 32955 | | | | | |
| 111111 | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is flue 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 of trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURED HOW TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

TABSULER 4-18-68

321-779-8443

Daytime Phone #