


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90148 035 ****61.25

DOCUMENT # 725393
 1. Entity Name
FIRST OCEANSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1441 OCEAN DRIVE **1441 OCEAN DRIVE**
VERO BEACH FL 32963-5305 **VERO BEACH FL 32963-5305**

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 Applied For
59-1563772 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
HOLT, DOLORES
1441 OCEAN DR
#303
VERO BEACH FL 32963

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	QUINN, ALICIA	
STREET ADDRESS	1441 OCEAN DRIVE #305	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, DIANNE	
STREET ADDRESS	1441 OCEAN DRIVE #311	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROISI, EDNA	
STREET ADDRESS	1441 OCEAN DRIVE #209	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLT, DELORES	
STREET ADDRESS	303 1441 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOCKE, PETER	
STREET ADDRESS	1441 OCEAN DRIVE #109	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUNZENMAYER, OLIVE	
STREET ADDRESS	1441 OCEAN DRIVE, #108	
CITY-ST-ZIP	VERO BEACH FL 32963	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNDERWOOD BARBARA	
STREET ADDRESS	1444 OCEAN DRIVE #204	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE DIANNE	
STREET ADDRESS	1444 OCEAN DRIVE #311	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKE DOROTHY	
STREET ADDRESS	1444 OCEAN DRIVE #307	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Edna M. Troisi 4/6/05 772-274-5576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #