

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90071 027 ****61.25

DOCUMENT # 725393

1. Entity Name

FIRST OCEANSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1441 OCEAN DRIVE
 VERO BEACH FL 32963-5305

Mailing Address

1441 OCEAN DRIVE
 VERO BEACH FL 32963-5305



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

333 17TH STREET

Suite, Apt. #, etc.
 SUITE 2L

City & State
 VERO BEACH FL

Zip
 32960

Country
 USA

3. Mailing Address

333 17TH STREET

Suite, Apt. #, etc.
 SUITE 2L

City & State
 VERO BEACH FL

Zip
 32960

Country
 USA

4. FEI Number

59-1563772

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

HOLT, DOLORES
 1441 OCEAN DR
 #303
 VERO BEACH FL 32963

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	P/D	<input type="checkbox"/> Delete
NAME	QUINN, ALICIA	
STREET ADDRESS	1441 OCEAN DRIVE #305	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TROISI, EDNA	
STREET ADDRESS	1441 OCEAN DRIVE #209	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	HOLT, DELORES	
STREET ADDRESS	303 1441 OCEAN DR	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKE, DOROTHY	
STREET ADDRESS	1441 OCEAN DRIVE #307	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	MUNZENMAYER, OLIVE	
STREET ADDRESS	1441 OCEAN DRIVE, #108	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← P/D QUINN, ALICIA
STREET ADDRESS	1441 OCEAN DR #305
CITY - ST - ZIP	VB, FL 32963
TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	← UNDERWOOD, BARBARA
STREET ADDRESS	1441 OCEAN DR #204
CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← HOLT, DOLORES
STREET ADDRESS	1441 OCEAN DR #303
CITY - ST - ZIP	VB, FL 32963
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	← S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNZENMAYER, OLIVE
STREET ADDRESS	1441 OCEAN DR #108
CITY - ST - ZIP	VB, 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 exemptions contained in Section 119, 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:

Alicia Parente Quinn

ALICIA PARENTE QUINN

1-23-07

772-234-9218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #