


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90062 015 ****61.25

DOCUMENT # 725393			
1. Entity Name FIRST OCEANSIDE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 333 17TH STREET SUITE 2L VERO BEACH, FL 32960		Mailing Address 333 17TH STREET SUITE 2L VERO BEACH, FL 32960	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02192008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-1563772	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 ALICIA PARENTE QUINN Street Address (P.O. Box Number is NOT acceptable) 1441 Ocean Drive #305 City VERO BEACH FL Zip Code 32963	
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 <i>Alicia Parente Quinn</i>		DATE 4-2-08	
Signature, typed or printed name of registered agent and state applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, ALICIA	NAME	
STREET ADDRESS	1441 OCEAN DRIVE #305	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	UD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, BARBARA	NAME	D Underwood, Barbara
STREET ADDRESS	1441 OCEAN DR #204	STREET ADDRESS	1441 Ocean Dr. #204
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, DOLORES	NAME	Schulke, C. Patrick
STREET ADDRESS	1441 OCEAN DR #303	STREET ADDRESS	1441 Ocean Dr #110
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKE, DOROTHY	NAME	
STREET ADDRESS	1441 OCEAN DRIVE #307	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNZENMAYER, OLIVE	NAME	S Troisi, Edna
STREET ADDRESS	1441 OCEAN DRIVE, #108	STREET ADDRESS	1441 Ocean Dr. #209
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Davidson, John	NAME	UP BUTLER, GALE
STREET ADDRESS	1441 Ocean Dr. #210	STREET ADDRESS	1441 Ocean Dr. #309
CITY-ST-ZIP	VERO BEACH, FL 32963	CITY-ST-ZIP	VERO BEACH, FL 32963
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 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: <i>Alicia Parente Quinn</i>		DATE 4-2-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	