


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-02-2007 90008 032 ****61.25

DOCUMENT # 732870	
1. Entity Name OCEANA ASSOCIATION, INC.	

Principal Place of Business 9920 S. OCEAN DR. HUTCHINSON ISLAND JENSEN BEACH, FL 34957-2433	Mailing Address 9920 S. OCEAN DR. HUTCHINSON ISLAND JENSEN BEACH, FL 34957-2433
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1799874

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	
DEBORAH ROSS, ESQ 759 S FEDERAL HIGHWAY SUITE 212 STUART, FL 34994		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)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RULAND, ANGELA	NAME			
STREET ADDRESS	9940 SOUTH OCEAN DRIVE # 909	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALL, WILLIAM	NAME			
STREET ADDRESS	9900 SOUTH OCEAN DR UNIT 1007	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLEEKER, RAY	NAME			
STREET ADDRESS	9900 SOUTH OCEAN DR UNIT 607	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLEEKER, RAY	NAME			
STREET ADDRESS	9900 SOUTH OCEAN DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWNE, GAY W	NAME			
STREET ADDRESS	9900 SOUTH OCEAN DR UNIT 1605	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWNE, GAY W	NAME			
STREET ADDRESS	9900 SOUTH OCEAN DR UNIT 1605	STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP			

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:  DATE: 02-02-07 DAYTIME PHONE #: 772-229-1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR