

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

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90089 016 \*\*\*\*61.25

**DOCUMENT # 746197**

1. Entity Name

OCEANS FOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3003 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

Mailing Address

3003 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2067985

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

SMITH, S. JANE  
3003 S ATLANTIC AVE.  
2BA  
DAYTONA BEACH FL 32118

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

JANE SMITH

*Jane Smith*

February 15, 2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEX, ROBERT	
STREET ADDRESS	3003 S ATLANTIC AVE #14A1	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERGENSKE, ROSE	
STREET ADDRESS	3003 S ATLANTIC AVE #3 B4	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	<del>VP</del> TREASURER	<input type="checkbox"/> Delete
NAME	MORBITZER, MARGARET L	
STREET ADDRESS	668 N ORLANDO AVE #17B	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	<del>VP</del> PRESIDENT	<input type="checkbox"/> Delete
NAME	SMITH, JANE	
STREET ADDRESS	3003 S ATLANTIC AVE #2 B4	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUATTRY, MICHAEL	
STREET ADDRESS	3003 S ATLANTIC AVE #8C6	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PACE, WILLIAM	
STREET ADDRESS	3003 S ATLANTIC AVE., #21C6	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUCKETT, Perry	
STREET ADDRESS	3003 S Atlantic Ave #12A1	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tecet, Travis	
STREET ADDRESS	3003 S. Atlantic Ave #15A1	
CITY-ST-ZIP	Daytona Beach Shores FL 32118	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSS, AL	
STREET ADDRESS	3003 S. ATLANTIC Ave. # 10C5	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EHLE, FRED	
STREET ADDRESS	3003 S Atlantic Ave. #10C5	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHLE, DON	
STREET ADDRESS	3003 S. ATLANTIC AVE # 2C5	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
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:

*Jane Smith*

JANE SMITH

2/15/2005 788 3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #