

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90125 047 ****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**

40045128



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2067985

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **~~T~~ TREASURER** ☐ Delete
NAME **DUCKETT, PERRY**
STREET ADDRESS **3003 S ATLANTIC AVE, # 12A 1**
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **THOMAS MORBITZER**
STREET ADDRESS **3003 S. Atlantic Ave # 21A1**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **S** ☒ Delete
NAME **TEFFT, TRAVIS**
STREET ADDRESS **3003 S ATLANTIC AVE, # 18 A1**
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **FRANCIS JENNINGS**
STREET ADDRESS **3003 S. Atlantic Ave # 8B3**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **D** ☐ Delete
NAME **DATZ, ERIC**
STREET ADDRESS **300 S ATLANTIC AVE 21 B3**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **SMITH, JANE**
STREET ADDRESS **3003 S ATLANTIC AVE #2 B4**
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **~~S~~ SECRETARY** ☐ Delete
NAME **DISANTIS, RICHARD**
STREET ADDRESS **37050 FAIR MOUNT BLVD**
CITY-ST-ZIP **CHAGRIN FALLS, OH 44022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MILLER, FREDERICK**
STREET ADDRESS **3003 S ATLANTIC AVE 17C6**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE ☐ Change ☐ 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 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: **Jane Smith Jane Smith President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 386-788-3003
Date Daytime Phone #