2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# 751745

Entity Name: 89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

89 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

89 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2129737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIGHT, SANDRA
89 SOUTH ATLANTIC AVE
89 SOUTH ATLANTIC AVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	GERARD, CLAIRE	
Address:	89 S. ATLANTIC AVE., #1604	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	VD	( ) Delete
Name:	OLDHAM, DIANE	
Address:	89 S. ATLANTIC AVE., #1002	
City-St-Zip:	ORMOND BCH, FL 32176	
Title:	TD	( ) Delete
Name:	SCHIEWILLER, THEODORE	
Address:	89 SOUTH ATLANTIC AVE., #205	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	VP	( ) Delete
Name:	INGRAM, ALBERT	
Address:	89 S ATLANTIC AVE #1106	
City-St-Zip:	ORMOND BEACH, FL	
Title:	PD	( ) Delete
Name:	MORIN, ROBERT	
Address:	89 S. ATLANTIC AVE., #1401	
City-St-Zip:	ORMOND BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	INGHAM, ALBERT	
Address:	89 S ATLANTIC AVE #1106	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	PD	(X) Change ( ) Addition
Name:	MORIN, ROBERT A SR.	
Address:	89 S. ATLANTIC AVE., #1401	
City-St-Zip:	ORMOND BEACH, FL 32176	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. MORIN, SR. PD 01/12/2005

Electronic Signature of Signing Officer or Director — Date