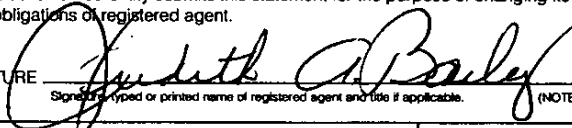
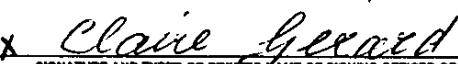


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90058 036 ****61.25

DOCUMENT # 751745 1. Entity Name 89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 89 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176			Mailing Address 89 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WIGHT, SANDRA 89 SOUTH ATLANTIC AVE 89 SOUTH ATLANTIC AVE ORMOND BEACH, FL 32176				Name Bailey, Judith Street Address (P.O. Box Number is Not Acceptable) 89 S. Atlantic Ave City Ormond Beach FL Zip Code 32176	
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 3-9-06 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	SD GERARD, CLAIRE 89 S. ATLANTIC AVE., #1604 ORMOND BEACH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bollenbacher, Nina 89 S. Atlantic Ave #105 Ormond Beach, FL 32176 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLDHAM, DIANE 89 S. ATLANTIC AVE., #1002 ORMOND BCH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Trombetta, Jerry 89 S. Atlantic Ave #1203 Ormond Beach, FL 32176 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIEWILLER, THEODORE 89 SOUTH ATLANTIC AVE., #205 ORMOND BEACH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGHAM, ALBERT 89 S ATLANTIC AVE #1106 ORMOND BEACH, FL 32176 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORIN, ROBERT A SR. 89 S. ATLANTIC AVE., #1401 ORMOND BEACH, FL 32176 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: x  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	Daytime Phone #