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	Mailing Address
89 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176	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

02282006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2129737 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Judith A Bailey 3-9-06
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, 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	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	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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP INGHAM, ALBERT 89 S ATLANTIC AVE #1106 ORMOND BEACH, FL 32176	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORIN, ROBERT A SR. 89 S. ATLANTIC AVE., #1401 ORMOND BEACH, FL 32176	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 Claire Gerard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #