

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **758211** (7)

1. Corporation Name

OCEANSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% PAREKH, DENNARD & COMPANY
2700 EAST BAY DRIVE, STE. 107
LARGO FL 34641

% PAREKH, DENNARD & COMPANY
2700 EAST BAY DRIVE, STE. 107
LARGO FL 34641

3. Date Incorporated or Qualified
10/29/1981

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **c/o PAREKH, COMMONS + Co**

22 City & State

27 **Same**

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0111422

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of Registered Agent

BROYLES, LOUIS

~~9000 PARK BLVD, #2~~
~~SEMINOLE FL 34647~~

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

1715 N. WESTSHORE - SUITE 900

83

84 City

TAMPA

FL

85 Zip Code

33607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD BROYLES, LOUIS**

STREET ADDRESS ~~9000 PARK BLVD, #2~~

CITY-ST-ZIP ~~SEMINOLE FL~~

TITLE ☐ DELETE

NAME **DV ROLAND, KISSINGER**

STREET ADDRESS **126TH AVE W. #6**

CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☐ DELETE

NAME **SDT BONSEY, JOE**

STREET ADDRESS **8100 BRYAN DAIRY RD.**

CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME **← SAME**

13 STREET ADDRESS **1715 N. WESTSHORE - SUITE 900**

14 CITY-ST-ZIP **TAMPA, FL 33607**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph Bonsey

Joe Bonsey SDT

Jan. 25, 1996

813 367-1755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)