01-26-2004 90013 035 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000007804 1. Entity Name OCEAN PARK (ON AMELIA ISLAND) CONDOMINIUM ASSOCIATION, INC. 54000916 Principal Place of Business Mailing Address 403 TARPON AVE 403 TARPON AVE FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 3.- Mailing Address--Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3755529 Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMSON, JANICE R Street Address (P.O. Box Number is Not Acceptable) **403 TARPON AVE** FERNANDINA BEACH, FL 32034 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 DATE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent's gnature required when reinstaling) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE DV TITLE Chereskin, James Delete **⊠** Change ☐ Addition YUNEVICH, PAUL. NAME NAME ---403 Jarpon Ave STREET ADDRESS 403 TARPON AVE #415 STREET ADDRESS FERNANDINA BEACH, FL 32034 32034 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Hoke BRADBURY, KATHARINE NAME w:lder NAME 190 ORChard Creck Drive 3865 SPALDING BLUFF DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORCROSS, GA 30092 C!TY-ST-ZIP Athens CA 30606 TITLE ☐ Delete TITLE Glenn, John ✓ Change Addition CHERSKIN, JAMES NAME NAME Avenue NW 34 Park STREET ADDRESS P.O. BOX 1545 STREET ADDRESS FERNANDINA BEACH, FL 32035 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE GLENN, JOHN NAME NAME BROWN, STREET ADDRESS 34 PARK AVE NW . STREET ADDRESS 403 Jarpon Ave BAXLEY, GA 31513 CITY-ST-ZIP CITY-ST-ZIP 32-034 Delete TITLE ☐ Addition TITLE BROWN, PATRICIA NAME Bowie, NAME 403 TARPON AVE #212 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH, FL 32034 C/TY-ST-7IP 32034 CITY-ST-ZIP TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 \$77. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the reachanged, or on an attachme SIGNATURE: AND TYPED OF PRINTED NAME OF SIGNI