2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2005 8:00 am Secretary of State 03-29-2005 90017 018 ****61.25

DOCUMENT # N0100007804 1. Entity Name OCEAN PARK (ON AMELIA ISLAND) CONDOMINIUM ASSOCIATION, INC.						03-29-2005	90017 0	18 ****6	1.25	
Principal Place of Business Mailing Address 403 TARPON AVE 403 TARPON AVE FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL			32034		400	41703				
2. Principal Place of Business 3000 First Coast HWY Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3000 Suite, Apt. #, etc.			01122005 Chg-NP CR2E037 (10/03)					
Amelia Island, FL		City & State Amelia Island, FL			FEI Number 59-3755	 529		A	pplied For	
32034	Country	Zip 32035	Country	5.	Certificate of	Status Desired		\$8.75 Ac	ditional	
	6. Name and Address of Current F	legistered Agent		7.	Name and A	ddress of New F	Registered	Agent		
ADAMSON, JANICE R 403 TARPON AVE FERNANDINA BEACH, FL 32034				Name David B. Gregory AIM Street Address (P.O. Box Number is Not Acceptable) 3000 First Coast Highway						
City Ame					land.		FL	Zip Coc 3 2 0	de 3 4	
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 Signifyre, typed or printed name of expectable. (NOTE: Registered Agent signature required when reinstating) DATE										
SIGNATORIE	Signature, typed in printed name of regulated agent as			ture required when	reinstating)		DATE	100		
	Signature, typed in printed name of edysteled applications of the second		Registered Agent signal paign Financing	_ \$5	.00 May Be			k payable t		
	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI	9. Election Camp Trust Fund Co.	Registered Agent signal paign Financing ntribution.	S5 Add	.00 May Be led to Fees		rida Depar	tment of S	tate	
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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: