


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 # N01000007804			
1. Entity Name OCEAN PARK (ON AMELIA ISLAND) CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 403 TARPON AVE FERNANDINA BEACH, FL 32034		Mailing Address 403 TARPON AVE FERNANDINA BEACH, FL 32034	
2. Principal Place of Business 3000 First Coast HWY Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3000 Suite, Apt. #, etc.	
City & State Amelia Island, FL		City & State Amelia Island, FL	
Zip 32034		Zip 32035	
Country		Country	
4. FEI Number 59-3755529		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMSON, JANICE R 403 TARPON AVE FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name David B. Gregory AIM Street Address (P.O. Box Number is Not Acceptable) 3000 First Coast Highway City Amelia Island, FL Zip Code 32034	
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 <i>David B. Gregory</i> Signature, typed or printed name of registered agent and title if applicable.		DAVID B. GREGORY (NOTE: Registered Agent signature required when remaining)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP CHERESKIN, JAMES 403 TARPON AVE., #416 FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Cooper, Chris 2370 Roxburgh Drive Roswell, GA 30076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILDER, HOKE 190 ORCHARD CREEK DR. ATHENS, GA 30606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Vuturo, Mark 31098 Bob O. Link Libertyville, IL 60048 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GLENN, JOHN 34 PARK AVE. NW BAXLEY, GA 31513 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Sasser, Bob 2291 Chauncey Drive Waycross, GA 31501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, PATRICIA 403 TARPON AVE., #212 FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWIE, AL 403 TARPON AVE., #208 FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Margaret 403 Tarpon Avenue # 323 Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: <i>Patricia Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PATRICIA BROWN 02/28/05 904-277-3869 Date Daytime Phone #	

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