

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000010698

1. Entity Name
OCEAN OASIS CONDOMINIUM ASSOCIATION, INC.



FILED

05 JUL 13 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
225 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931

Mailing Address
2 RIVER FALLS
COCOA BEACH, FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072005

Chg-NP

CR2E037 (10/03)

4. FEI Number
56-2471786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAHAM, JAMES S
320 FORTENBERRY ROAD
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name: Peter Davis
Street Address (P.O. Box Number is Not Acceptable): 1980 N Atlantic Ave #701
City: Cocoa Beach FL Zip Code: 32931

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE: P
NAME: HOFFMAN, TRUDY
STREET ADDRESS: 225 NORTH ATLANTIC AVENUE, UNIT 302
CITY-ST-ZIP: COCOA BEACH, FL 32931 ☒ Delete

TITLE: VT
NAME: PIROG, F. STEVE
STREET ADDRESS: 225 NORTH ATLANTIC AVENUE, UNIT 502
CITY-ST-ZIP: COCOA BEACH, FL 32931 ☒ Delete

TITLE: SD
NAME: HENDERSON, CHARLES
STREET ADDRESS: 2 RIVER FALLS
CITY-ST-ZIP: COCOA BEACH, FL 32931 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
NAME: Hoffman, Trudy
STREET ADDRESS: 225 N Atlantic Ave #302
CITY-ST-ZIP: COCOA BEACH FL 32931 ☐ Change ☒ Addition

TITLE: VP
NAME: Pirog, Franks
STREET ADDRESS: 225 N Atlantic Ave #501
CITY-ST-ZIP: COCOA BEACH FL 32931 ☐ Change ☒ Addition

TITLE: SD
NAME: Henderson, Chuck
STREET ADDRESS: 2 River Falls
CITY-ST-ZIP: COCOA BEACH FL 32931 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME: 100057717601
STREET ADDRESS: 07/20/05--01046--007
CITY-ST-ZIP: **70.00

TITLE: ☐ Change ☐ Addition
NAME: 8/7/19
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #