


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90005 042 ****61.25

DOCUMENT # N09026

1. Entity Name
OCEAN EIGHT CONDOMINIUM OWNER'S ASSOCIATION, INC.



Principal Place of Business
**7480 AIA SOUTH
 APT. 201
 ST. AUGUSTINE, FL 32086 US**

Mailing Address
**5012 NW 15TH PLACE
 GAINESVILLE, FL 32605 US**

54070458



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**7480 AIA South
 APT 201**

Suite, Apt. #, etc.

07122004 Chg-NP CR2E037 (10/03)

City & State
ST AUGUSTINE, FLA

City & State

4. FEI Number
59-2821941

Applied For
 Not Applicable

Zip
32080

Country
U.S

Zip
32080

Country
U.S

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGENER, KEN
 5012 N.W. 15TH PLACE
 GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP OTWELL, STEVE 5002 NW 15TH PLACE GAINESVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAEHNLE, EILEEN 223 WILLOWOOD BOWLING GREEN, OH 43402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBERNAUF, GARY 10720 BREXTON CT WHITEHOUSE, OH 43571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYER, ANNETTE 466 MISTY LANE WINTER PARK, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGENER, KEN 5012 N.W. 15TH PLACE GAINESVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEIPEL, FERD 16488 E. RIVER RD BOWLING GREEN, OH <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6921 North River Rd WATERVILLE, Ohio 43566

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: Ferd Seipel **FERD SEIPEL** 8/12/04 419-878-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #