

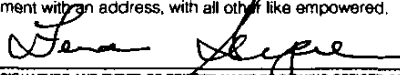


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90014 022 ****61.25

DOCUMENT # N09026					
1. Entity Name OCEAN EIGHT CONDOMINIUM OWNER'S ASSOCIATION, INC.					
Principal Place of Business 7480 A1A SOUTH APT. 201 ST. AUGUSTINE, FL 32086 US		Mailing Address 7480 A1A SOUTH SUITE 201 SAINT AUGUSTINE, FL 32080 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07152006 Chg-NP CR2E037 (4/06)	4. FEI Number 59-2821941
				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			7. Name and Address of New Registered Agent		
WAGENER, KEN 5012 N.W. 15TH PLACE GAINESVILLE, FL 32605			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTWELL, STEVE		NAME		
STREET ADDRESS	5002 NW 15TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAEHNLE, EILEEN		NAME		
STREET ADDRESS	223 WILLOWOOD		STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, OH 43402		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBERNAUF, GARY		NAME		
STREET ADDRESS	10720 BREXTON CT		STREET ADDRESS		
CITY-ST-ZIP	WHITEHOUSE, OH 43571		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DYER, ANNETTE		NAME	DIRECTOR	
STREET ADDRESS	466 MISTY LANE		STREET ADDRESS	ROSSETT, HARRY	
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP	26 W 337 WIESBROOK RD	
				WHEATON, IL 60187	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGENER, KEN		NAME		
STREET ADDRESS	5012 N.W. 15TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEIPEL, FERD		NAME		
STREET ADDRESS	6921 NORTH RIVER RD		STREET ADDRESS		
CITY-ST-ZIP	WATERVILLE, OH 43566		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 7/24/06		Daytime Phone #: 419-262-0356	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					