2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State
05-26-2005 90027 046 ****73.00

DOCUMENT # N32750

1. Entity Name

THE OCEAN TRILLIUM SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3405 ATLANTIC AVE NEW SMYRNA BCH. FL 32169	3405 ATLANTIC AVE NEW SMYRNA BCH. FL 32169

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0388495 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUTA, T.R.
3405 S ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

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 TR Ruta
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD IABONI, PETER 157 EAST HUMBER DRIVE KING CITY, ONTARIO n0-l1b7	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Philip Seymour 603 Parkwood Avenue Altamonte Springs, FL 32714	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STRUGAR, MICHAEL 63 W. LEWIS AVENUE MILAN MI 48160-1035	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Diamond 18 South Rockwell Avenue Savanah, GA 31419	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'NEAL, ALBERTA RR#1 7561 HAMILTON ROAD PUTMAN ON n0l- 2b0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARNER, AUDREY 526 MALLORY BEACH RD. RR#5 WIARTON, ONTARIO n0-h2t0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURCHIE, ALEX 526 MALL DRY BEACH ROAD, RR#5 WIARTON, ONTARIO CA n0h- 2t0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: Murchie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #