2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State
03-28-2006 90125 038 ****61.25

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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

02232006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
RUTA, T.R. 3405 S ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	D SEYMOUR, PHILIP 612 PARKWOOD AVENUE ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAMOND, JOHN 18 SOUTH ROCKWELL AVENUE SAVANNAH, GA 31419	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV O'NEAL, ALBERTA RR#1 7561 HAMILTON ROAD PUTMAN, ON n0l 2b0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WARNER, AUDREY 526 MALLORY BEACH RD. RR#5 WIARTON, ONTARIO, n0h2t0	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURCHIE, ALEX 526 MALL DRY BEACH ROAD, RR#5 WIARTON, ONTARIO, CA N0H- T0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Mary Ellis 217 Gibson Rd. Annapolis, MD 21401	☐ Change ☒ Addition

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: TR Ruta 3/23/06 386-428-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #