
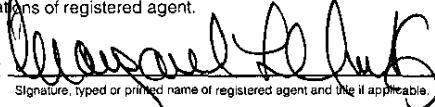
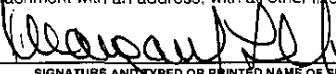


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90058 032 \*\*\*\*61.25

DOCUMENT # N95000006028			
1. Entity Name OCEANS EIGHT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2937 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 US		Mailing Address 2937 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 US	
2. Principal Place of Business		3. Mailing Address 444 Seabreeze Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 660	
City & State		City & State Daytona Beach FL	
Zip	Country	Zip	Country
		32118	USA
4. FEI Number 59-3353201		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	
MORBITZER, MARGARET L 668 N ORLANDO AVENUE SUITE 105 MAITLAND, FL 32751		Name Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd Suite 660 City Daytona Beach 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 		MARGARET L MORBITZER 1/21/04	
Signature, typed or printed name of registered agent and the filer, if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME	VPD CALABRESE, THEODORE <input type="checkbox"/> Delete	TITLE NAME	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2937 S ATLANTIC AVENUE #403	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP	
TITLE NAME	PD MEHEGAN, TOM <input type="checkbox"/> Delete	TITLE NAME	SD TOWNSEND, BETTY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2937 S ATLANTIC AVENUE #1609	STREET ADDRESS	2937 S. ATLANTIC AVE, # 2002
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE NAME	SD ZADYLAK, ANDY <input type="checkbox"/> Delete	TITLE NAME	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	42937 S. ATLANTIC AVE., STE 201	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	CITY-ST-ZIP	
TITLE NAME	TD IOANNIDIS, MARY <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS	2937 S. ATLANTIC AVE., STE 509	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHRS, FL 32118	CITY-ST-ZIP	
TITLE NAME	D IRWIN, ALLAN <input type="checkbox"/> Delete	TITLE NAME	D AINSLIE, LYNN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2937 S ATLANTIC AVENUE # 707	STREET ADDRESS	2937 S. ATLANTIC AVE, # 408
CITY-ST-ZIP	DAYTONA BCH SHRS, FL 32118	CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32118
TITLE NAME	RECEIVED <input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS	JAN 26 2004	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		MARGARET L MORBITZER 1/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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