


04-07-2003 90974 045 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9500006028

1. Entity Name
OCEANS EIGHT CONDOMINIUM ASSOCIATION, INC.



70035106

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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MORBITZER, MARGARET L
 668 N ORLANDO AVENUE
 SUITE 105
 MAITLAND, FL 32761

4. FEI Number **59-3353201** Applied For Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW - FEES: \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALABRESE, THEODORE 2937 S ATLANTIC AVENUE #403 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VPD MEHEGAN, TOM 2937 S ATLANTIC AVENUE #1609 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete		PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SD TOWNSEND, BETTY 2937 S ATLANTIC AVENUE #2002 DAYTONA BEACH SHORES, FL 32118 <input checked="" type="checkbox"/> Delete		SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	TD SHOEMAKER, GERTRUDE 2937 S ATLANTIC AVENUE #1502 DAYTONA BCH SHRS, FL 32118 <input checked="" type="checkbox"/> Delete		TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	PD IRWIN, ALLAN 2937 S ATLANTIC AVENUE #707 DAYTONA BCH SHRS, FL 32118 <input type="checkbox"/> Delete		D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (10/02)