


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90048 020 ****61.25

DOCUMENT # 751745 1. Entity Name 89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 89 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176			Mailing Address 89 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03012004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2129737				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, SANDRA 89 SOUTH ATLANTIC AVE 89 SOUTH ATLANTIC AVE ORMOND BEACH, FL 32176			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 <u><i>Sandra Wright</i></u> (NOTE: Registered Agent signature required when re-registering) 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERARD, CLAIRE <input type="checkbox"/> Delete 89 S. ATLANTIC AVE., #1604 ORMOND BEACH, FL 32176		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLDHAM, DIANE <input type="checkbox"/> Delete 89 S. ATLANTIC AVE., #1002 ORMOND BCH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILLS, RONALD <input checked="" type="checkbox"/> Delete 89 SOUTH ATLANTIC AVE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>TD Schiewiller, Theodore 89 South Atlantic Ave #205 Ormond Beach, FL 32176</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGRAM, ALBERT <input type="checkbox"/> Delete 89 S ATLANTIC AVE #1106 ORMOND BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORIN, ROBERT <input type="checkbox"/> Delete 89 S. ATLANTIC AVE., #1401 ORMOND BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Robert A. Morin</i></u> <i>Robert A. Morin</i> <i>Se</i> <i>03/01/04</i> <i>386-672-5333</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					