


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004883 1. Entity Name OCEANIA PLAZA PHASE II CONDOMINIUM OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 425 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	Mailing Address 425 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169
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DO NOT WRITE IN THIS SPACE



04112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3350782	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

RUBY, DONNA F
425 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEPLER, VERNON 2005 12TH STREET EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOD, TED 206 LANDEN CT. WAUKESHA, WI 531884611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBY, ED 425 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MICHAEL 126 SEMARAN COMM.PL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALDECK, JOHN 315 N CAUSEWAY E 302 NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000114857
04/15/04-80059-013 61.25

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IN THIS SPACE**

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: Edward J. Kepler 4/12/04 386-427-4636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #