

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

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762647**

1. Entity Name  
**OCEANA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1119 WEST KILBOURN AVENUE  
MILWAUKEE, WI 53233 US**

Mailing Address  
**1119 WEST KILBOURN AVENUE  
MILWAUKEE, WI 53233 US**



02122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2663079**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHUDNOW, DANIEL M  
3400 BURNS ROAD, SUITE 104  
PALM BEACH GARDENS, FL 33410**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title 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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CHUDNOW, DANIEL M
STREET ADDRESS	1119 W. KILBOURN AVENUE
CITY-ST-ZIP	MILWAUKEE, WI 53233

TITLE	VD
NAME	CHUDNOW, BRIGITTE
STREET ADDRESS	1119 W. KILBOURN AVENUE
CITY-ST-ZIP	MILWAUKEE, WI 53233

TITLE	STD
NAME	SMULYAN, BETTY E
STREET ADDRESS	1119 W. KILBOURN AVENUE
CITY-ST-ZIP	MILWAUKEE, WI 53233

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000164147  
07/07/04-80033-010 61.25

**DO NOT WRITE  
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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel M. Chudnow**

*President*

Date

Daytime Phone #

**7-1-04 414-274-6000**