


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762647</b> 1. Entity Name OCEANA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1119 WEST KILBOURN AVENUE MILWAUKEE, WI 53233 US	Mailing Address 1119 WEST KILBOURN AVENUE MILWAUKEE, WI 53233 US
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01282005 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 <input type="checkbox"/> \$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
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHUDNOW, DANIEL M 1119 W. KILBOURN AVENUE MILWAUKEE, WI 53233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHUDNOW, BRIGITTE 1119 W. KILBOURN AVENUE MILWAUKEE, WI 53233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SMULYAN, BETTY E 1119 W. KILBOURN AVENUE MILWAUKEE, WI 53233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000219084  
02/08/05-80013-017 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

1/31/05

Date

414-274-6000

Daytime Phone #