

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750357

FILED
Mar 28, 2005
Secretary of State

Entity Name: OCEAN AIRE CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

4206 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

Current Mailing Address:

4206 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONCO, MARY ANN
4206 S OCEAN BLVD #2
HIGHLAND BCH, FL 33487 US

Name and Address of New Registered Agent:

RONCO, MARY ANN
4206 S OCEAN BLVD
APT. #2
HIGHLAND BCH, FL 33487 US

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.

SIGNATURE: _____

03/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPADAFINA, ANTHONY,
Address: 4206 S. OCEAN BLVD #1
City-St-Zip: HIGHLAND BEACH, FL

Title: VD () Delete
Name: COLLINS, JENNIFER
Address: 4206 S OCEAN BLVD #3
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: STD () Delete
Name: RONCO, MARYANN,
Address: 4206 S OCEAN BLVD #2
City-St-Zip: HIGHLAND BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPADAFINA, ANTHONY,
Address: 4206 S. OCEAN BLVD #1
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: RONCO, MARYANN,
Address: 4206 S OCEAN BLVD #2
City-St-Zip: HIGHLAND BCH, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN RONCO

STD

03/28/2005

Electronic Signature of Signing Officer or Director

Date