


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 031 ****61.25

DOCUMENT # N00000002714		
1. Entity Name FLORES OCEAN SUITES CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 443 JOHNSON AVENUE CAPE CANAVERAL, FL 32920	Mailing Address 200 N FIRST STREET COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4 -



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3645447		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		7. Name and Address of New Registered Agent	
RIGERMAN, MARILYN A 200 N FIRST STREET COCOA BEACH, FL 32931		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 _____
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, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWART, HANS	NAME	
STREET ADDRESS	443 JOHNSON AVE 403	STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABUDIATUKIS, TASSES	NAME	
STREET ADDRESS	443 JOHNSON AVE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDS, DYANN	NAME	
STREET ADDRESS	443 JOHNSON AVE #302	STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Mia Croley
STREET ADDRESS		STREET ADDRESS	443 Johnson Ave
CITY-ST-ZIP		CITY-ST-ZIP	Cape Canaveral FL 32920
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mia Croley **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Mia Croley **Date** 5-20-08 **Daytime Phone #** _____