


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

04-24-2006 90369 030 ****61.25

DOCUMENT # 724534 1. Entity Name OCEANUS OWNERS ASSOCIATION, INC.					
Principal Place of Business 199 HIGHWAY A1A SATELLITE BEACH FL 32937			Mailing Address 199 HIGHWAY A1A SATELLITE BEACH FL 32937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RYAN, CRAIG 199A1A A-103 SATELLITE BEACH FL 32937				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDAL, PATRICIA			NAME	
STREET ADDRESS	199 HWY A1A RD. D-211			STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL 32937			CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARZIALE, MICHAEL			NAME	
STREET ADDRESS	199 HWY A1A D-208			STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL 32937			CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, CHARLES E			NAME	
STREET ADDRESS	199 HWY A1A 209D			STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL 32937			CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, CRAIG			NAME	
STREET ADDRESS	199 HWY A1A A-103			STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL 32937			CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHERY, JOHN			NAME	
STREET ADDRESS	1020 STARLING WAY			STREET ADDRESS	
CITY - ST - ZIP	VIERA FL 32955			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 Section 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: <u>Craig Ryan</u> Craig Ryan Pres. 5-9-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					