2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2005 8:00 am Secretary of State DOCUMENT # 724948 : 1. Entity Name 02-16-2005 90052 015 ****70.00 OCEANSIDE SURF CONDOMINIUM ASSOCIATION INC. Principal Place of Business Mailing Address 1264 SURF ROAD 1264 SURF ROAD SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 00-0000000 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPELLMAN, WINIFRED R Street Address (P.O. Box Number is Not Acceptable) 1264 SURF ROAD SINGER ISLAND FL 33404 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 (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition ☐ Delete TITLE ☐ Change PETER LUCCINA SPELLMAN, BUD G NAME NAME 1264 SURE Rg-APT3 SINGER ISLAUD FL. 33409 18 PECONIC RD STREET ADDRESS STREET ADDRESS SOUTH HAMPTON NY 11968 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THE Change Addition MALONEY, MICHAEL NAME NAME 4016 RUSTIC HILLS STREET ADDRESS STREET ADDRESS FLOYDS KNOBS IN 47119 CITY-ST-ZIP CITY-ST-7/P1 TITLE □ Defete TITLE Change Addition SPELLMAN, WINIFRED NAME NAME 18 PECONIC RD STREET ADDRESS STREET ADDRESS SOUTH HAMPTON NY 11968 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 11Tt F □ Change ☐ Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete FITLE Change ☐ 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 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.

FILED