

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

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90014 036 ****70.00



DOCUMENT # 724948
 1. Entity Name
OCEANSIDE SURF CONDOMINIUM ASSOCIATION INC.

Principal Place of Business Mailing Address
 1264 SURF ROAD 1264 SURF ROAD
 4 4
 SINGER ISLAND FL 33404 SINGER ISLAND FL 33404

2. Principal Place of Business 3. Mailing Address
 1264 SURF RD 4 APT 4 SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SINGER ISLAND FL SINGER ISLAND FL
 City & State City & State
 Zip 11968 Country PALM BEACH USA
 Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number NO-T APPLICABLE Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 SPELLMAN, WINIFRED R
 1264 SURF ROAD
 4
 SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent
 Name WINIFRED R SPELLMAN
 Street Address (P.O. Box Number is Not Acceptable)
 1264 SURF RD apt 4
 City SINGER ISLAND FL Zip Code 33404

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 *Winifred R. Spellman* DATE 1/24/06
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SPELLMAN, BUD G | |
| STREET ADDRESS | 18 PECONIC RD | |
| CITY-ST-ZIP | SOUTH HAMPTON NY 11968 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MALONEY, MICHAEL | |
| STREET ADDRESS | 4016 RUSTIC HILLS | |
| CITY-ST-ZIP | FLOYDS KNOBS IN 47119 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SPELLMAN, WINIFRED | |
| STREET ADDRESS | 18 PECONIC RD | |
| CITY-ST-ZIP | SOUTH HAMPTON NY 11968 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | LUCCINA, PETER | |
| STREET ADDRESS | 1264 SURF RD APT 3 | |
| CITY-ST-ZIP | SINGER ISLAND FL 33404 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: *Winifred R. Spellman* WINIFRED R SPELLMAN 1/24/06 561-848-5590