

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90137 001 \*\*\*\*\*8.75  
 04-11-2007 90137 002 \*\*\*\*\*66.25

66011000



1st MOORE CR2E037 (10/06)

DOCUMENT # 724948			
1. Entity Name OCEANSIDE SURF CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 1264 SURF ROAD APT 4 WEST PALM BEACH FL 33404		Mailing Address 1264 SURF ROAD APT 4 WEST PALM BEACH FL 33404	
2. Principal Place of Business - No P.O. Box # NO BUSINESS		3. Mailing Address AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State W. PALM BEACH FLA		City & State	
Zip 33404	Country PALMBEACH	Zip 33404	Country PALM BEACH
6. Name and Address of Current Registered Agent SPELLMAN, WINIFRED R 1264 SURF RD APT. 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 Singer Island 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 <u>Winifred R. Spellman Secy Corp.</u> DATE _____ <small>Signature, hand or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when transferring)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY - ST - ZIP	P SPELLMAN, BUD G 18 PECONIC RD SOUTH HAMPTON NY 11968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MALONEY, MICHAEL 4016 RUSTIC HILLS FLOYDS KNOBS IN 47119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPELLMAN, WINIFRED 18 PECONIC RD SOUTH HAMPTON NY 11968 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Winifred R. Spellman</u>		Date <u>3/10/07</u> Daytime Phone # <u>561-908-7664</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

*Secy Corp*



ATTACHMENT

66017655

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2007

OCEANSIDE SURF CONDOMINIUM ASSOCIATION INC.  
1264 SURF ROAD  
APT 4  
WEST PALM BEACH, FL 33404

Subject: OCEANSIDE SURF CONDOMINIUM ASSOCIATION INC.

Reference Number: 724948

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$75.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/kh  
ANNUAL REPORTS SECTION

*Sorry for my error. I have corrected the problem. all names & addresses of officers are correct. Sorry for the error.*

*please send cert to me at this address*

*Michael R. Appellon Corp  
18 Pecover Rd  
Southampton NY 11968*

P.O. BOX 6327 - Tallahassee, Florida 32314

631-728-1848