



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90062 015 ****61.25

DOCUMENT # 725393					
1. Entity Name FIRST OCEANSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 333 17TH STREET SUITE 2L VERO BEACH, FL 32960			Mailing Address 333 17TH STREET SUITE 2L VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1563772	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLT, DOLORES 1441 OCEAN DR #303 VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name <u>ALICIA PARENTE QUINN</u> Street Address (P.O. Box Number is NOT Acceptable) <u>1441 Ocean Drive</u> <u>#305</u> City <u>VERO BEACH</u> FL Zip Code <u>32963</u>	
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>Alicia Parente Quinn</u> DATE <u>4-2-08</u> <small>Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINN, ALICIA 1441 OCEAN DRIVE #305 VERO BEACH, FL 32963	<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	UD UNDERWOOD, BARBARA 1441 OCEAN DR #204 VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Underwood, Barbara</u> <u>1441 Ocean Dr. #204</u> <u>VERO BEACH, FL 32963</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLT, DOLORES 1441 OCEAN DR #303 VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T Schulke, C. Patrick</u> <u>1441 Ocean Dr #110</u> <u>VERO BEACH, FL 32963</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKE, DOROTHY 1441 OCEAN DRIVE #307 VERO BEACH, FL 32963	<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	SD MUNZENMAYER, OLIVE 1441 OCEAN DRIVE, #108 VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S Troisi, Edna</u> <u>1441 Ocean Dr. #209</u> <u>VERO BEACH, FL 32963</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Davidson, John</u> <u>1441 Ocean Dr. #210</u> <u>VERO BEACH, FL 32963</u> <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP BUTLER, GALE</u> <u>1441 Ocean Dr. #309</u> <u>VERO BEACH, FL 32963</u> <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 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: <u>Alicia Parente Quinn</u> DATE <u>4-2-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					