2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725393

FILED Apr 09, 2012 Secretary of State

Entity Name: FIRST OCEANSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O SOUNDVIEW PROPERTY MANAGEMENT

2061 INDIAN RIVER BLVD. VERO BEACH, FL 32960 C/O SOUNDVIEW PROPERTY MANAGEMENT

2095 INDIAN RIVER BLVD. VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

C/O SOUNDVIEW PROPERTY MANAGEMENT C/O

2061 INDIAN RIVER BLVD. VERO BEACH, FL 32960 C/O SOUNDVIEW PROPERTY MANAGEMENT

2095 INDIAN RIVER BLVD. VERO BEACH, FL 32960

FEI Number: 59-1563772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

Date

QUINN, ALICIA P 1441 OCEAN DRIVE #305

VERO BEACH, FL 32963 US

PALESTRINI, PAUL P 2095 INDIAN RIVER BLVD. VERO BEACH, FL 32960 US

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.

SIGNATURE: PAUL PALESTRINI 04/09/2012

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: F

Name: PALESTRINI, PAUL
Address: 2095 INDIAN RIVER BLVD.
City-St-Zip: VERO BEACH, FL 32960

Title: VP/S

Name: TROISI, EDNA

Address: 2095 INDIAN RIVER BLVD. City-St-Zip: VERO BEACH, FL 32960

Title:

Name: WILCOX, JOHN

Address: 2095 INDIAN RIVER BLVD. City-St-Zip: VERO BEACH, FL 32960

Title: [

Name: VERMEULEN, RITA
Address: 2095 INDIAN RIVER BLVD.
City-St-Zip: VERO BEACH, FL 32960

Title:

 Name:
 OREBAUGH, PETE

 Address:
 2095 INDIAN RIVER BLVD.

 City-St-Zip:
 VERO BEACH, FL 32960

Title:

Name: BUDD, BARBARA
Address: 2095 INDIAN RIVER BLVD.
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL PALESTRINI RA 04/09/2012