


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90011 030 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # 729875 1. Entity Name OCEANS TWO CONDOMINIUM ASSOCIATON, INC. | | | |  | |
| Principal Place of Business 3047 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118-6151 | | | | Mailing Address 3047 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118-6151 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1767434 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CELONA, JENNIE 3047 S. ATLANTIC AVE., #1206 DAYTONA BEACH SHORES, FL 32118 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2006 | | 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 CELONA, JENNIE 3047 S. ATLANTIC AVE., #1206 DAYTONA BEACH SHR, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD maric C. Tornabene 3047 S. Atlantic Ave., #1204 Daytona Beach Shrs, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASTILLION, JOSE 5954 BOGGS FORD RD PORT ORANGE, FL 32127 <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 SQRUR, GARY 1705 N. HALIFAX AVE. DAYTONA BCH, FL <input checked="" 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 | TD TAPACOTT, ERNEST 3047 S. ATLANTIC AVE. #401 DAYTONA BEACH, FL 32118 <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 | VP CARPENTER, PATRICIA 3047 S ATLANTIC AVE 706 DAYTONA BCH SHORES, FL <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 | D TESTA, JOYCE 3047 S.ATLANTIC AVE #905 DAYTONA BEACH SHR, FL <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 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: Jennie M. Celona Pres. | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> 2/28/06 | | | | <small>Daytime Phone #</small> (386) 741-6199 | |