
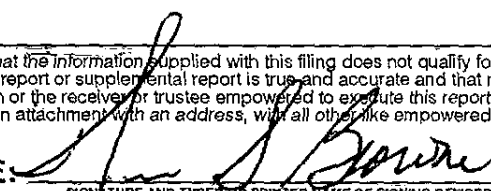


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 742684 1. Entity Name THE OCEANA II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9900 S OCEAN DR. JENSEN BEACH FL 34957 US		Mailing Address 9900 S OCEAN DR. JENSEN BEACH FL 34957 US	
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 59-1963040	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURSON, ROBERT A PA PO BOX 1620 312 WEST FIRST STREET STUART FL 34995		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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)</small>			
FILE NOW: FEE IS \$81.25 Due By May 1, 2005		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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSEY, HARRIET	NAME	
STREET ADDRESS	9900 S. OCEAN DR.	STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL 34957	CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNE, WILLIAM	NAME	
STREET ADDRESS	9900 S OCEAN DR	STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL 34957	CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, JOE	NAME	
STREET ADDRESS	9900 S OCEAN DR	STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL 34957	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, SCROFANO	NAME	
STREET ADDRESS	9900 S. OCEAN DR.	STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL 34957	CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, DONALD	NAME	
STREET ADDRESS	9900 S OCEAN DR	STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL 34957	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 2-7-05 Daytime Phone #: 771-229-813	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



1st MOORE CR2E037 (10/04)

59-1963040

Applied For
 Not Applicable

\$8.75 Additional Fee Required

FL Zip Code

DATE

DUPLICATE 232976
02/17/05-80023-021 \$1.25