


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90190 046 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1963040	
				Applied For 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 <u>DIANE HARRISON</u> Street Address (P.O. Box Numbers Not Acceptable) <u>SIGNATURE PROPERTY MANAGEMENT, INC</u> <u>909 S. FEDERAL HWY #401</u> City <u>STUART</u> FL Zip Code <u>34994</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><i>Diane Harrison</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2-28-08</u> <small>(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	VPD	<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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALI, LAWRENCE		NAME	<u>DIRECTOR</u>	
STREET ADDRESS	9900 S. OCEAN DR., 709		STREET ADDRESS	<u>PAULINE FRANK</u>	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	<u>9900 S. OCEAN DR #1210</u>	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTELS, WILLIAM		NAME		
STREET ADDRESS	9900 S OCEAN DR 1010		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, WILLIAM		NAME		
STREET ADDRESS	404 OAKHURST		STREET ADDRESS		
CITY-ST-ZIP	BLUEFIELD, WV 24701		CITY-ST-ZIP		
TITLE	P	<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 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 information empowered.					
SIGNATURE: <u><i>William Bartels</i></u> Treasurer			Date <u>1/25/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		