

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 SEP -2 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742684 1. Entity Name THE OCEANA II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9900 S OCEAN DR. JENSEN BEACH, FL 34957 US	Mailing Address 9900 S OCEAN DR. JENSEN BEACH, FL 34957 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08182008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent HARRISON, DIANE SIGNATURE PROPERTY MGMT., INC 969 S FEDERAL HWY 401 STUART, FL 34994	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-1963040	Applied For Not Applicable
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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 William L. Bartels Sec./Treas. 8/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD HALSEY, HARRIET <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9900 S. OCEAN DR.	NAME	800135603078
STREET ADDRESS	JENSEN BEACH, FL 34957	STREET ADDRESS	09/09/08--01027--006 **\$1.25
CITY-ST-ZIP		CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FRANKE, PAULINE <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9900 S OCEAN DR 1210	NAME	PAUL MACCARONE
STREET ADDRESS	JENSEN BEACH, FL 34957	STREET ADDRESS	9900 S. OCEAN DR.
CITY-ST-ZIP		CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	ST BARTELS, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9900 S OCEAN DR 1010	NAME	IRA GOLDMAN
STREET ADDRESS	JENSEN BEACH, FL 34957	STREET ADDRESS	9900 S OCEAN DR.
CITY-ST-ZIP		CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	P DUPONT, DONALD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9900 S OCEAN DR	NAME	IRA GOLDMAN
STREET ADDRESS	JENSEN BEACH, FL 34957	STREET ADDRESS	9900 S OCEAN DR.
CITY-ST-ZIP		CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	IRA GOLDMAN
STREET ADDRESS		STREET ADDRESS	9900 S OCEAN DR.
CITY-ST-ZIP		CITY-ST-ZIP	JENSEN BEACH, FL 34957

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 another like empowered.

SIGNATURE: William L. Bartels Sec./Treas. 8/25/08.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #