2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 21, 2009
Secretary of State

DOCUMENT# 742684

Entity Name: THE OCEANA II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9900 S OCEAN DR.
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

9900 S OCEAN DR.
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 59-1963040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, DIANE
SIGNATURE PROPERTY MGMT., INC
969 S FEDERAL HWY 401
STUART, FL 34994 US

Name and Address of New Registered Agent:

OCEANA II NORTH CONDOMINIUM
9900 SOUTH OCEAN DRIVE
JENSEN BEACH, FL 34957 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: PAULINE FRANKE 07/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: HALSEY, HARRIET
Address: 9900 S. OCEAN DR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: STD ( ) Delete
Name: FRANKE, PAULINE
Address: 9900 S OCEAN DR 1210
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: BARTELS, WILLIAM
Address: 9900 S OCEAN DR 1010
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: MACCARONE, PAUL
Address: 9900 S OCEAN DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD ( ) Delete
Name: GOLDMAN, IRA
Address: 9900 S OCEAN DR
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: MACCARONE, PAUL
Address: 9900 S. OCEAN DR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MONTEJO, RAY
Address: 9900 S OCEAN DR 1010
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD (X) Change ( ) Addition
Name: MEADE, TOM
Address: 9900 S OCEAN DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRA GOLDMAN PRES 07/21/2009
Electronic Signature of Signing Officer or Director Date