## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 12, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # 744666 OATS CONDOMINIUM AS	SOCIATION, INC.				ctar y 2006 90197 (			
Principal Place of Business (1996) 4570 OCEAN BEACH BLVD (1996) COCOA BEACH, FL 32931		Mailing Address 4570 OCEAN BEACH BLVD. COCOA BEACH, FL 32931		20 (Same 4.2) 20 (Same 4.2) 20 (Same 4.2)	a tod <sup>gra</sup>	poorigi gover Blad with	n posta al Si		
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		010520	06 Chg-NP	CR2E0	37 (11/05)		
City & State		City & State		4. FEI Nu 59-2	Imber 2022117		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certific	cate of Status Des	sired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name	and Address of	New Registered			
			Name						
BECKER & POLIAKOFF P.A.  2500 MAITLAND CENTER PARKWAY  SUITE 209			Street A	Street Address (P.O. Box Number is Not Acceptable)					
MAITLANI	D, FL 32751								
			City	FL Zip Code				e .	
	named entity submits this statement for	r the purpose of changing its	registered office o	r registered agent, o	r both, in the State	e of Florida. I am	familiar with;	and accept	
	ta. 	•					• .		
SIGNATURE	Signature, typed or printed name of registered agent	Com French	~ ;	ture required when reinstatin	g) -	DATÉ			
11 A R B W.	Skinature, lyped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	Com French	mpaign Financing	\$5.00 M Added to F	ay Be		k payable t		
11 A H H NO 5 13 (4 P N NO 2 12 (4 P N N N N N N N N N N N N N N N N N N	Signature, lyped or printed name of registered agent Filling: Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DII	9. Election Ca	mpaign Financing Contribution.	\$5.00 M Added to F	ay Be	Make chec Florida Depa	k payable t rtment of S	tate	
10 A E B (90) 3 - 13 (F CAR 4 - 14 (F)	Signature, lyped or printed name of registered agent Filling, Fee is \$61.25 Due by May 1, 2006	9. Election Ca	mpaign Financing Contribution.	\$5.00 M Added to F	ay Be ees /CHANGES TO C	Make chec Florida Depa PFFICERS AND D	k payable t	tate	
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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.