

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90015 015 \*\*\*\*61.25

**DOCUMENT # 745977**

1. Entity Name  
**MANAGEMENT CORPORATION OF OCEANVIEW, INC.**



Space Coast Property Management  
645 Classic Court, Suite 104  
Melbourne, FL 32940

Space Coast Property Management  
645 Classic Court, Suite 104  
Melbourne, FL 32940

**50004812**



03012006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2125198**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPACE COAST PROPERTY MGMT.**  
**1647 COOLING AVE.**  
**MELBOURNE, FL 32936**

Space Coast Property Management  
645 Classic Court, Suite 104  
Melbourne, FL 32940

**L** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the state, and I, the undersigned, am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GALDA, CHARLES**  
STREET ADDRESS **15 SAND HILL RD F**  
CITY-ST-ZIP **SANDY HOOK, CT 06482**

TITLE **D** ☒ Delete  
NAME **CAPPELLI, LUCA**  
STREET ADDRESS **115 STEVENS AVE**  
CITY-ST-ZIP **VALHALLA, NY 10595**

TITLE **SD** ☐ Delete  
NAME **RAYFIELD, GINGER**  
STREET ADDRESS **2160 N HWY A1A #304**  
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **DVP** ☐ Delete  
NAME **MARTINO, PETE**  
STREET ADDRESS **2150 N HWY A1A #408**  
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **PD** ☐ Delete  
NAME **KISH, DENNIS**  
STREET ADDRESS **2150 HWY A1A**  
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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 117, 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-16-06 321-749-2115**