

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90163 021 \*\*\*\*61.25

<b>DOCUMENT # 748556</b> 1. Entity Name <b>PINEDA OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>155 HWY A1A SATELLITE BCH, FL 32937</b>			Mailing Address <b>P O DRAWER 372518 SATELLITE BCH, FL 32937-2073</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-1948202</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARNEY, FRANK 175 HIGHWAY A1A #308 SATELLITE BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARNEY, FRANK</b>		NAME		
STREET ADDRESS	<b>175 HWY A1A 308</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SATELLITE BCH, FL</b>		CITY-ST-ZIP		
TITLE	VP,D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KEESEY, TERRY</b>		NAME		
STREET ADDRESS	<b>175 HWY A1A 310</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>		CITY-ST-ZIP		
TITLE	P,D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHOLAR, JIM</b>		NAME		
STREET ADDRESS	<b>175 HWY A1A , #409</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>		CITY-ST-ZIP		
TITLE	S,D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CRAIGIE, KAREN</b>		NAME	<b>D TOM WHITAKER</b>	
STREET ADDRESS	<b>175 HWY A1A #209</b>		STREET ADDRESS	<b>155 HWY A1A # 406</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>		CITY-ST-ZIP	<b>SATELLITE BCH FL 32937</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JANNEY, MICHAEL</b>		NAME	<b>JANNEY, MICHAEL</b>	
STREET ADDRESS	<b>107 N HWY A1A</b>		STREET ADDRESS	<b>107 N HWY A1A</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>		CITY-ST-ZIP	<b>SATELLITE BCH FL 32937</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROBERTSON, TOM</b>		NAME		
STREET ADDRESS	<b>175 HWY A1A #410</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>		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 like empowered.					
<b>SIGNATURE:</b>			<b>DIRECTOR</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/24/06 321544 9467 <small>Date Daytime Phone #</small>		