


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90028 028 ****61.25

DOCUMENT # 748556	
1. Entity Name PINEDA OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 155 HWY A1A SATELLITE BCH, FL 32937	Mailing Address P O DRAWER 372518 SATELLITE BCH, FL 32937-2073
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



02052008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1948202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARNEY, FRANK 175 HIGHWAY A1A #308 SATELLITE BEACH, FL 32937	
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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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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARNEY, FRANK 175 HWY A1A 308 SATELLITE BCH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEESEY, TERRY 175 HWY A1A 310 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D SHOLAR, JIM 175 HWY A1A, #409 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, TOM 175 HWY A1A 410 SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANNEY, MICHAEL 107 N HWY A1A SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARY HALL 544 HAWKSBILL ISLAND DRIVE SATELLITE BCH FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D FRED SCHWECKE 155 HWY A1A # 104 SATELLITE BCH FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAREN CRAIGIE 175 HWY A1A # 209 SATELLITE BCH FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:  2/5/08 321-544-9467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Attached for legibility

40020747
748556

D;V

Gary Hall

544 Hawksbill Island Drive

Satellite Beach FL 32937

P;D

Fred Schwecke

155 Hwy A1A # 101

Satellite Beach FL 32937

S

--Karen Craigie

175 Hwy A1A # 209

Satellite Beach, FL 32937