

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90081 050 ****61.25

DOCUMENT # 749384

1. Entity Name

THE OCEANA SOUTH CONDOMINIUM II ASSOCIATION, INC



Principal Place of Business

10600 SOUTH OCEAN DRIVE
JENSEN BEACH FL 34957

Mailing Address

10600 SOUTH OCEAN DRIVE
JENSEN BEACH FL 34957

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

59-2120245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, DONALD
OCEANA SOUTH II CONDOMINIUM
10600 S OCEAN DRIVE UNIT 901
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Donald A Evans Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	SD	<input checked="" type="checkbox"/> Delete
NAME	SHEHATA, MARY ANN	
STREET ADDRESS	10600 SOUTH OCEAN DRIVE #702	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CARLSON, ARTHUR	
STREET ADDRESS	10600 S. OCEAN DR. #903	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	PT	<input type="checkbox"/> Delete
NAME	EVANS, DANELLE - Donald	
STREET ADDRESS	1060 S. OCEAN DR. #901	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D V	<input type="checkbox"/> Delete
NAME	RICH, ARTHUR	
STREET ADDRESS	10600 S OCEAN DR #806	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	OLSEN, AUGUST	<input checked="" type="checkbox"/> Delete
NAME	OLSEN, AUGUST	
STREET ADDRESS	10600 S. OCEAN DR. # 1003	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Schweitzer	
STREET ADDRESS	10600 S Ocean Drive #1207	
CITY-ST-ZIP	Jensen Beach FL 34994	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Correction change Name: Should	
STREET ADDRESS	be Dr. Donald Evans	
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doreen Hopkins	
STREET ADDRESS	10600 S Ocean Drive #10	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Donald A Evans Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-05