

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90081 049 \*\*\*\*70.00

<b>DOCUMENT # 752922</b>	
1. Entity Name OCEANSIDE PALMS CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 7001 N. ATLANTIC AVENUE COCOA BEACH, FL 32931	Mailing Address 3201 N ATLANTIC AVE COCOA BEACH, FL 32931
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**50031502**



2. Principal Place of Business 3201 N. ATLANTIC AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State Cocoa Beach, FL	City & State
Zip 32931	Country USA

4. FEI Number 59-1649630	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WELLS, JEFFERY W 3201 N ATLANTIC AVE COCOA BEACH, FL 32931
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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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS WELLS, JEFFERY W 3201 N ATLANTIC AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 line empowered.

**SIGNATURE:** \_\_\_\_\_ **3-23-05** **321-783-1234**  
Date Daytime Phone #