


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # 755925	
1. Entity Name OCEANSIDE CONDOMINIUM, INC.	

Principal Place of Business 3620 CARDINAL BLVD. PORT ORANGE, FL 32118	Mailing Address 3620 CARDINAL BLVD. UNIT B7 PORT ORANGE, FL 32118
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DO NOT WRITE IN THIS SPACE



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2313875	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

SOMMO, TONY
3620 CARDINAL BLVD., UNIT A-3
PORT ORANGE, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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: Anthony Sommo DATE: 3/25/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	U00000876190 04/11/08-80063-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOMMO, TONY 3620 CARDINAL BLVD., UNIT# A-3 PORT ORANGE, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITZEL, JEANETTE R 3620 CARDINAL BLVD., UNIT # B-7 PORT ORANGE, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC GINN, CONNIE 3620 CARDINAL BLVD, UNIT # A-2 PORT ORANGE, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUGHTON, JOHN 3620 CARDINAL BLVD, UNIT # B-2 PORT ORANGE, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, TOM 3620 CARDINAL BLVD, UNIT # B-8 PORT ORANGE, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Jeanette R. mitzel DATE: 3/24/08 DAYTIME PHONE: 451-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR