2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# 757135

Entity Name: OCEANSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BRISTOL MANAGEMENT SERVICES, INC.
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

C/O BRISTOL MANAGEMENT SERVICES, INC.
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 59-2266289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGLIS, STEVE
C/O BRISTOL MANAGEMENT
1930 COMMERCE LN
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CAPPO, FRANK	
Address:	1801 S US HWY ONE STE 20C	
City-St-Zip:	JUPITER, FL 33477	
Title:	VP	( ) Delete
Name:	MCCASKY, CHARLES	
Address:	1801 S US HWY ONE STE 9C	
City-St-Zip:	JUPITER, FL 33477	
Title:	T	( ) Delete
Name:	HIRES, DANIEL	
Address:	1801 S US HWY ONE 8A	
City-St-Zip:	JUPITER, FL 33477	
Title:	D	( ) Delete
Name:	SCHRIER, ENID	
Address:	1801 S. US HIGHWAY #1 # 3C	
City-St-Zip:	JUPITER, FL 33477	
Title:	S	( ) Delete
Name:	JEFFREY, RICHARD	
Address:	1801 S US HWY ONE 18A	
City-St-Zip:	JUPITER, FL 34777	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNY MORGAN OM 02/27/2009
Electronic Signature of Signing Officer or Director — Date