

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 042 ****61.25

DOCUMENT # 758211

1. Entity Name

OCEANSIDE Condominium
ASSOCIATION, Inc



DO NOT WRITE IN THIS SPACE

24002864

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
OCEANSIDE CONDO
Suite, Apt. #, etc.
6

3. Mailing Address
126-126th AVE West
Suite, Apt. #, etc.
6

City & State
TREASURE ISLAND, FL
Zip
33706-5051
Country
PANAMA

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TREASURE ISLAND FL
Zip
33706-5051
Country
PANAMA

4. FEI Number
65-0111422

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROLAND E. KISSINGER

Street Address (P.O. Box Number is Not Acceptable)
126-126th AVE WEST

#6

City TREASURE ISLAND FL Zip Code 33706

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 ROLAND E. KISSINGER

Roland E. Kissinger

1-12-2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JOE BONSEY W #1
126-126th AVE WEST
TREASURE ISLAND, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
LEO MARZAGLIA
126-126th AVE WEST #3
TREASURE ISLAND, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER/SECRETARY
ROLAND E. KISSINGER
126-126th AVE WEST #6
TREASURE ISLAND, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND E. KISSINGER

1-12-2004 727-367-1755

CR2E037B (12/02)