

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 758211

1. Entity Name
OCEANSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**OCEANSIDE CONDO
SUITE 6
TREASURE ISLAND, FL 33706-5051 US**

Mailing Address
**126-126TH AVE WEST #6
TREASURE ISLAND, FL 33706-5051 US**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0111422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KISSINGER, ROLAND E
126-126TH AVE WEST
#6
TREASURE ISLAND, FL 33706**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONSEY, JOE 126-126TH AVE WEST #1 TREASURE ISLAND, FL 337065051
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KISSINGER, ROLAND E 126-126TH AVE WEST #6 TREASURE ISLAND, FL 337065051
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARBAUGH, LEO 126-126TH AVE WEST #7 TREASURE ISLAND, FL 33706
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 in Block 11 if an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 5, 2005 727-546-2888

Date

Daytime Phone #