

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759137

FILED
Jan 25, 2006
Secretary of State

Entity Name: OCEAN SUNRISE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

20 DONDANVILLE ROAD
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

3942 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2236199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIGOOD, JUDY S
3942 A1A SOUTH
ST. AUGUSTINE, FL 32080 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: D () Delete
Name: FLAGLER, JOANNE
Address: 20 DONDANVILLE ROAD, UNIT 504
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T () Delete
Name: STORMANT, C.R. PETE
Address: 20 DONDANVILLE RD UNIT 604
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S () Delete
Name: HERLONG, RUBY
Address: 20 DONDANVILLE RD UNIT 402
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: KELLEY, DONNA
Address: 116 GRAND OAKS DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P () Delete
Name: HOOKS, MARIANNE
Address: 20 DONDANVILLE RD UNIT 401
City-St-Zip: ST AUGUSTINE, FL 32080

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 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: JUDY ALLIGOOD

RA

01/25/2006

Electronic Signature of Signing Officer or Director

Date