6 95 4

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 10, 2006 8:00 am Secretary of State **DOCUMENT #759496** 05-10-2006 90095 046 ****61.25 1. Entity Name OCEAN SOUND CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 19900 BEACH ROAD 19900 BEACH ROAD 60037555 TEQUESTA, FL 33469 TEQUESTA, Ft 33469 2. Principal Place of Business Mailing Address O BRISTOL Suite, Apt. #, etc. 04282006 Chg-NP CR2E037 (4/06) 30 Commerce Lone # 4. FEI Number 59-2145893 City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAO.NO INCLES PAVLIC, ROBERT Street Address (P.O. Box Number is Not Acceptable) 19900 BEACH ROAD TEQUESTA, FL-33469 COMMERCE LANE 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VPD. ☐ Delete TITLE ☐ Addition TITLE Change KING, SUE NAME NAME 19900 BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP VPD ☐ Delete TITLE TITLE ☐ Change ☐ Addition DENTON, ED NAME NAME 19900 BEACH ROAD STREET ADDRESS STREET ADDRESS TEQUESTA, FL 33469 CITY-ST-ZIP CITY-ST-ZIP þ. Change TITLE D TITLE ☐ Delete ☐ Addition PAVLIC, ROBERT NAME NAME 19900 BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-7IP TITLE ☐ Delete TITLE P۸ Change ☐ Addition MOTHERS, ANDREW NAME STREET ADDRESS 19900 BEACH ROAD STREET ADDRESS TEQUESTA, FL 33469 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition HAMBLIN, BARBARA NAME NAME 19900 BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplies 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 trustate employered 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

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