## 2005 NOT-FUK-PROFIT GUKPUKATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Apr 04, 2005 8:00 am **DOCUMENT #760322** Secretary of State 1. Entity Name OCEANAIRE CONDOMINIUM OF ORMOND BY-THE-SEA, 04-04-2005 90084 031 \*\*\*\*61.25 INC. Principal Place of Business Mailing Address 3390 OCEANSHORE BLVD. 3390 OCEANSHORE VLD. ORMOND BY THE SEA, FL 32176 SUITE 402 ORMOND BCH., FL 32176 ШS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02232005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2359780 Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Reply : Management RICKARD, ROY Street Address (P.O. Box Number is Not Acceptable) 3390 OCEANSHORE BLVD. SUITE 402 ORMOND BCH., FL 32176 o your Street mux o keach 6. 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 agea SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State П \_Trust Fund Contribution. Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PN TTLE ☐ Change Addition TITLE ☐ Delete RICKARD, ROY NAME NAME 3390 OCEANSHORE STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TILE. TITLE MAME PALANGI, JUNE NAME STREET ADDRESS 3390 OCEANSHORE BLVD. #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL 32176 VPD ☐ Change ☐ Addition TILE ☐ Defete TITLE FRENCH, JAMES NAME NAME 3390 OCEANSHORE BLVD #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL. 32176 ☐ Change ■ Addition ☐ Delete TITLE TIDE D NAME PIATT, DOUG NAME 4163 SANORA LANE ORMOND BEACH, FL 32174 STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change " 🔲 'Addition ☐ Delete TITLE galan gila mgadi ar isiying Small to the talking before NAME ្ត **ម**ក្នុងសត្វាក់ ្រក់ ar ger cu **富斯 1986** - 1984 Area Contratage to STREET ADDRESS STREET ADDRESS

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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 on an attachment with an auditess, with all other like empowered.

**FILED** 

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