


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 028 ****61.25

DOCUMENT # 762394	
1. Entity Name 333 BY THE SEA CONDOMINIUM ASSOCIATION INC.	

Principal Place of Business 333 N. ATLANTIC AVE., #110 COCOA BEACH, FL 32931	Mailing Address 333 N. ATLANTIC AVE., #110 COCOA BEACH, FL 32931
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2670296

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORRIS, LAURAJO 1617 COOLING AVE MELBOURNE, FL 32935		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. TREASURER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD THOMPSON, THOMAS J 333 N ATLANTIC AVE., #406 COCOA BCH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTINE MURPHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 N ATLANTIC AVE #104 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMBROSIO, ANNE 333 N ATLANTIC AVE., #210 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARROLL, DOROTHY 333 N ATLANTIC AVE #106 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOROTHY CARROLL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 N ATLANTIC AVE #106 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, RICHARD 333 N ATLANTIC AVE #106 COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD EDWIN MIRANDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33 N ATLANTIC AVE #310 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied 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 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 address, with all other like empowered.

SIGNATURE: Dorothy Carroll DOROTHY CARROLL 3/18/06 784-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #