





2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90068 039 ****61.25

DOCUMENT # N00000000718					
1. Entity Name OCEANFRONT CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.					
Principal Place of Business 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216			Mailing Address 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		03072005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3624595				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			7. Name and Address of New Registered Agent		
SMITH, BERNARD-E 1 SLEIMAN PKWY STE 280 JACKSONVILLE, FL 32216			Name Peter D. Sleiman		
			Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway		
			Suite 270		
			City Jacksonville FL Zip Code 32216		
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:  Peter Sleiman 1-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEIMAN, ANTHONY T			NAME	
STREET ADDRESS	1 SLEIMAN PKWY STE 270			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEIMAN, PETER D			NAME	
STREET ADDRESS	1 SLEIMAN PKWY STE 270			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEIMAN, ELI T JR			NAME	
STREET ADDRESS	1 SLEIMAN PKWY STE 270			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	
TITLE	VP- <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BERNARD-E			NAME	
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 270-			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAG, JAY			NAME	
STREET ADDRESS	11 1ST STREET NORTH			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHIKHA, SONNY			NAME	
STREET ADDRESS	11 1ST STREET NORTH			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
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 address, with all other duly empowered.					
SIGNATURE:  Peter D. Sleiman 1-19-05 904/731-8806 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					