




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90015 012 ****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	Country	Zip	Country	4. FEI Number 59-3624595	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLEIMAN, PETER D. 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name <u>Sleiman, Eli T., Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1 Sleiman Parkway</u> Suite 270 City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32216</u>		
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 		<u>Eli T. Sleiman, Jr.</u>		<u>4/6/06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>SLEIMAN, ANTHONY T</u> <input type="checkbox"/> Delete 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>SLEIMAN, PETER D</u> <input type="checkbox"/> Delete 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>SLEIMAN, ELI T JR</u> <input type="checkbox"/> Delete 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>PARAG, JAY</u> <input type="checkbox"/> Delete 11 1ST STREET NORTH JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>BHIKHA, SONNY</u> <input type="checkbox"/> Delete 11 1ST STREET NORTH JACKSONVILLE BEACH, FL 32250		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	<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: 		<u>Eli T. Sleiman, Jr.</u>		<u>4/6/06</u> (904) 731-8806	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	