

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90011 014 \*\*\*\*61.25

<b>DOCUMENT # N00000000718</b>					
<b>1. Entity Name</b> OCEANFRONT CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.					
<b>Principal Place of Business</b> 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216			<b>Mailing Address</b> 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3624595	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SLEIMAN, ELI T JR 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216			Name Robert K. White Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway Suite 270 City Jacksonville FL Zip Code 32216		
<b>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.</b>					
SIGNATURE <u>Robert K. White</u> Signature, typed or printed name of registered agent and title if applicable.			Robert K. White (NOTE: Registered Agent signature required when reinstalling)		
DATE <u>3/20/07</u> DATE			DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SLEIMAN, ANTHONY T 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Sleiman, Joseph E. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SLEIMAN, PETER D 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SLEIMAN, ELI T JR 1 SLEIMAN PKWY STE 270 JACKSONVILLE, FL 32216		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PARAG, JAY 11 1ST STREET NORTH JACKSONVILLE BEACH, FL 32250		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BHIKHA, SONNY 11 1ST STREET NORTH JACKSONVILLE BEACH, FL 32250		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>Robert K. White</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Robert K. White Date		
DATE <u>3/20/07</u> Date			904-731-8806 Daytime Phone #		