




**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

## **LISTING**

DOCUMENT # N00000000718						Secretary of State	
1. Entity Name OCEANFRONT CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.				04-21-2003 90304 007 ****61.25			
Principal Place of Business 1 SLEIMAN PKWY STE 270 JACKSONVILLE FL 32216		Mailing Address 1 SLEIMAN PKWY STE 270 JACKSONVILLE FL 32216				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3624595		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  HEEKIN, M. MARK 1 SLEIMAN PKWY STE 280 JACKSONVILLE FL 32216				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW: FEE IS \$61.25		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 SLEIMAN, ANTHONY T 1 SLEIMAN PKWY STE 270 JACKSONVILLE FL 32216 <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		D SLEIMAN, PETER D 1 SLEIMAN PKWY STE 270 JACKSONVILLE FL 32216 <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		D SLEIMAN, ELI T JR 1 SLEIMAN PKWY STE 270 JACKSONVILLE FL 32216 <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		VP SMITH, BERNARD E 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE FL 32216 <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		<input type="checkbox"/> Delete		D Jay Parag 11 1st Street North Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		D Sonny Bhikha 11 1st Street North Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 like empowered.							
SIGNATURE: 				3/14/03 904.731.8806			