2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N00000004155

Entity Name: N.S.B. OCEANVIEW CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

207 N. ATLANTIC AVE. #4
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

207 N. ATLANTIC AVE. #4
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-3567351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEAN, LINDA
207 N. ATLANTIC AVE. #4
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: MCLEAN, LINDA
Address: 207 N. ATLANTIC AVE. #4
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DV ( ) Delete
Name: DEEDS, CARMEN
Address: 10009 LONE TREE LN
City-St-Zip: ORLANDO, FL 328366538

Title: DS ( ) Delete
Name: MCLEAN, WARREN
Address: 207 N. ATLANTIC AVE. #4
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete
Name: MILLER, ROBERT
Address: 105 E. ROBINSON ST., SUITE #300
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA MCLEAN DPT 04/26/2006

Electronic Signature of Signing Officer or Director — Date