


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90023 010 \*\*\*\*61.25

<b>DOCUMENT # N01000002057</b> 1. Entity Name OCEANSIDE R.V. PARK OWNER'S ASSOCIATION, INC.	
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Principal Place of Business [Barcode]	Mailing Address [Barcode]
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**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3862385	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  COFFIELD, P. COLLEEN 1719 S COUNTY HWY 393 SANTA ROSA BEACH, FL 32459
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLAND, RICHARD D 18 EAST BRADLEY # 8 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARNEST, JOHN 18 EAST BRADLEY # 16 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGNAC, DENISE 18 E. BRADLEY #1 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** John Earnest **JOHN EARNEST** 1/16/06 850-897-1583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #