2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90195 020 ****61.25

DOCUMENT# N03000002349

1. EntityName
OCEANSIDERESIDENTIALCONDOMINIUM ASSOCIATION,INC.

PrincipalPlaceofBusiness	MailingAddress
5950 PENINSULAR AVENUE KEY WEST, FL 33040	5950 PENINSULAR AVENUE KEY WEST, FL 33040

04152004 Chg-NP CR2E037 (10/03)

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 56-2366829 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
ALLISON,JOHNRIII 100S.E.SECONDSTREET SUITE3350 MIAMI,FL33131	Name: ALLISON, JOHN R. III StreetAddress (P.O.BoxNumberisNotAcceptable): 6803 OVERSEAS HWY City: MARATHON FL ZipCode: 33050

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

Make check payable to Florida Department of State

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN10		
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD WALKER,DOUGLASG 5950PENINSULARAVENUE KEYWEST,FL33040	☒ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD MENTONIS, GEORGE J 346 BEACH 144 STREET NEPONSIT, NY 11694	☐ Change ☒ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	VD GREENE,ROGERP 5950PENINSULARAVENUE KEYWEST,FL33040	☒ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	VD WALTERS, CHARLES D. 206 EATON STREET KEY WEST, FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	STD ROZELLE,ANNM 5950PENINSULARAVENUE KEYWEST,FL33040	☒ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	STD STUURSMA, JAMES R 2344 MAKSABA TRAIL MACATAWA, MI 49434	☐ Change ☒ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. Ihereby 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: _____ 4/20/04 305-294-4676
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#

JAMES R. STUURSMA