

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000002349

1. Entity Name
**OCEANSIDE RESIDENTIAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5950 PENINSULAR AVENUE
KEY WEST, FL 33040**

Mailing Address
**5950 PENINSULAR AVENUE
KEY WEST, FL 33040**



02132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2366829

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, ROGER P
5950 PENINSULAR AVE.
KEY WEST, FL 33040**

**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 renewing) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MENTONIS, GEORGE J
STREET ADDRESS 346 BEACH 144 STREET
CITY-ST-ZIP NEPONSIT, NY 11694

TITLE VD
NAME WALTERS, CHARLES D
STREET ADDRESS 206 EATON STREET
CITY-ST-ZIP KEY WEST, FL 33040

TITLE STD
NAME STUURSMA, JAMES R
STREET ADDRESS 2344 MAKSAABA TRAIL
CITY-ST-ZIP MACATAWA, MI 49434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000642188
03/01/07-80033-006 61.25

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07 305-294-4676
Date Daytime Phone #