2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03000002349

Entity Name: OCEANSIDE RESIDENTIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5950 PENINSULAR AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5950 PENINSULAR AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 56-2366829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THE ALLISON FIRM
1010 KENNEDY DRIVE
#302
KEY WEST, FL 33040 US

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: JOHN R. ALLISON, III 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MENTONIS, GEORGE J
Address: 346 BEACH 144 STREET
City-St-Zip: NEPONSIT, NY 11694

Title: VD ( ) Delete
Name: WALTERS, CHARLES D
Address: 206 EATON STREET
City-St-Zip: KEY WEST, FL 33040

Title: STD ( ) Delete
Name: STUURSMA, JAMES R
Address: 2344 MAKSABA TRAIL
City-St-Zip: MACATAWA, MI 49434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MENTONIS, GEORGE J
Address: 346 BEACH 144 STREET
City-St-Zip: NEPONSIT, NY 11694

Title: STD (X) Change ( ) Addition
Name: WALTERS, CHARLES D
Address: 525 DUPONT LANE
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change ( ) Addition
Name: STUURSMA, JAMES R
Address: 2344 MAKSABA TRAIL
City-St-Zip: MACATAWA, MI 49434

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE MENTONIS PD 04/27/2009
Electronic Signature of Signing Officer or Director Date