2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008803

FILED Apr 28, 2005 Secretary of State

Entity Name: OCEANWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1912 GULF BLVD

INDIAN ROCKS BEACH, FL 33785

Current Mailing Address: New Mailing Address:

19534 GULF BLVD 1912 GULF BLVD

INDIAN ROCKS BEACH, FL 33785 INDIAN SHORES, FL 33785

FEI Number: 26-0075311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARSENAULT, KENNETH G JR SMITH, WILLIAM F 10225 ULMERTON ROAD SUITE 2 19534 GULF BLVD

LARGO, FL 33771 202 INDIAN SHORES, FL 33785 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: WILLIAM F SMITH 04/28/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

PAGE, STEPHEN J BUONODONO, LARRY Name: Name: PO BOX 1232 Address: 5323 BAYSHORE BLVD. UNIT G Address:

City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: TAMPA, FL 33611

Title: VD Title: STD (X) Change () Addition () Delete

Name: LYONS, ROBERT E Name: GREENE, WILLIAM Address: PO BOX 152 Address: 400 QUAKER ROAD City-St-Zip: LARGO, FL 33779 City-St-Zip: EAST AURORA, NY 14052

Title: STD (X) Delete Title: () Change () Addition

PAGE, EVELYN V Name: Name: Address: PO BOX 1232 Address: City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY BUONODONO PD 04/28/2005