2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008803

Apr 26, 2007 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 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: SMITH, WILLIAM F 19534 GULF BLVD 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BUONODONO, LARRY BUONODONO, LARRY Name: Name: 5323 BAYSHORE BLVD. UNIT G Address: 2709 W BAY AVE Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611 Title: STD () Delete Title: STD (X) Change () Addition Name: GREENE, WILLIAM Name: MARLER, TIM Address: 400 QUAKER ROAD Address: 14098 JOEL COURT City-St-Zip: EAST AURORA, NY 14052 City-St-Zip: LARGO, FL 33774 Title: () Delete Title: () Change () Addition O'SULLIVAN, BRIAN Name: Name: 10033 TWELVE OAKS COURT Address: Address: City-St-Zip: WEEKI WACHEE, FL 34613 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MIDDLETON, DAVID 15120 ARBOR HOLLOW DRIVE Address: Address: City-St-Zip: City-St-Zip: ODESSA, FL 33556

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: LARRY BUONODONO PD 04/26/2007