

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008803

FILED
Apr 05, 2008
Secretary of State

Entity Name: OCEANWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1912 GULF BLVD
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

19534 GULF BLVD
202
INDIAN SHORES, FL 33785

New Mailing Address:

FEI Number: 26-0075311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM F
19534 GULF BLVD
202
INDIAN SHORES, FL 33785 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BUONODONO, LARRY
Address: 2709 W BAY AVE
City-St-Zip: TAMPA, FL 33611

Title: STD () Delete
Name: MARLER, TIM
Address: 14098 JOEL COURT
City-St-Zip: LARGO, FL 33774

Title: VD () Delete
Name: O'SULLIVAN, BRIAN
Address: 10033 TWELVE OAKS COURT
City-St-Zip: WEEKI WACHEE, FL 34613

Title: V () Delete
Name: MIDDLETON, DAVID
Address: 15120 ARBOR HOLLOW DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUONODONO, LARRY
Address: 17715 GULF BLVD # 506
City-St-Zip: REDINGTON SHORES, FL 33708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM F SMITH

RA

04/05/2008

Electronic Signature of Signing Officer or Director

Date