2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N03000008803

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:	17715 GULF BLVD # 506	
City-St-Zip:	REDINGTON SHORES, FL 33708	
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	(X) 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:	1808 PINE HILL DR	
City-St-Zip:	SAFETY HARBOR, FL 34695	
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: LARRY BUONODONO PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date