2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# N03000008846

Entity Name: OCEANSIDE OF INDIAN ROCKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

102 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: 26-0075314 **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: P ( ) Delete
Name: SAUER, MICHAEL
Address: 45 E. 89TH STREET APT 4A
City-St-Zip: NEW YORK, NY 10128

Title: V ( ) Delete
Name: WHIPPLE, SONYA
Address: 11612 BRISTOL CHASE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: SD ( ) Delete
Name: KENNEDY, SHELLEY
Address: 1295 SUN VALLEY DRIVE
City-St-Zip: EAST GULL LAKE, MN 56401

Title: TD (X) Delete
Name: CALLAHAN, ANNA MARIE
Address: 532 SPORTSMAN PARK DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Delete
Name: KNIGHT, CARLA
Address: 3501 N. SAN MIGUEL
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SAUER, MICHAEL
Address: 45 E. 89TH STREET APT 4A
City-St-Zip: NEW YORK, NY 10128

Title: VD (X) Change ( ) Addition
Name: KNIGHT, CARLA
Address: 3501 N. SAN MIGUEL
City-St-Zip: TAMPA, FL 33629

Title: TD (X) Change ( ) Addition
Name: CALLAHAN, ANNA MARIE
Address: 532 SPORTSMAN PARK DRIVE
City-St-Zip: SEFFNER, FL 33584

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 03/28/2008

Electronic Signature of Signing Officer or Director — Date