
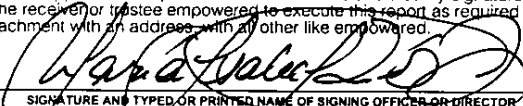


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90026 014 ****61.25

DOCUMENT # N05000012515 1. Entity Name OCEANSIDE AT LAUDERDALE BY THE SEA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4525 POINCIANA ST LAUDERDALE BY THE SEA, FL 33308 09			Mailing Address 4800 N.STATE RD. 7 SUITE 105 LAUDERDALE LAKES, FL 33319		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIEBER, OREN D. ESQ. 555 NE 15TH ST., STE. 100 MIAMI, FL 33132					
7. Name and Address of New Registered Agent Name <u>PHOENIX MANAGEMENT SERVICE</u> Street Address (P.O. Box Number is Not Acceptable) <u>4800 N. STATE RD. 7</u> <u>SUITE 105</u> City <u>LAUDERDALE LAKES</u> FL Zip Code <u>33319</u>					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL RIO, JULIETA 2201 S OCEAN DR # 2703 HOLLYWOOD,, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDES, MICHAEL 14060 OAKRIDGE DRIVE DAVIE,, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIOS, MARIA ISABEL 1250 E. HALLANDALE BEACH BLDV # 504 HALLANDALE BEACH, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCRIZZI, JOHN 2724 BRIARWOOD PLACE BETHLEHEM, PA 18017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECCHIA, TONY 2724 BRIARWOOD PLACE BETHLEHEM,, PA 18017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			03/14/2008 9548396289		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40045113



01042008 Chg-NP CR2E037 (12/06)