

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09162008 Chg-NP CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHOENIX MGMT SERVICE  
4800 N STATE RD 7 STE 105  
FORT LAUDERDALE, FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 P ☐ Delete  
NAME DEL RIO, JULIETA  
STREET ADDRESS 2201 S OCEAN DR # 2703  
CITY-ST-ZIP HOLLYWOOD,, FL 33019

TITLE ☐ Change ☐ Addition  
NAME 800136535408  
STREET ADDRESS 10/01/08--01052--013 \*\*\$61.25  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME RIOS, MARIA ISABEL  
STREET ADDRESS 1250 E. HALLANDALE BEACH BLDV # 504  
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE ☒ Change ☒ Addition  
NAME T  
STREET ADDRESS 5160NA, JAMES JAY  
CITY-ST-ZIP 8236 STYERS COURT LAUREL, MD 20723

TITLE D ☐ Delete  
NAME SCRIZZI, JOHN  
STREET ADDRESS 2724 BRIARWOOD PLACE  
CITY-ST-ZIP BETHLEHEM, PA 18017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RECCHIA, TONY  
STREET ADDRESS 2724 BRIARWOOD PLACE  
CITY-ST-ZIP BETHLEHEM,, PA 18017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME DOUGLAS, THOMAS A.  
STREET ADDRESS 7660 LINKSIDE  
CITY-ST-ZIP MANLIUS, NY 13104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2008 SEP 29 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

80 9-29-08



9-25-08