

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90073 030 ****61.25

DOCUMENT # N07214

1. Entity Name

OCEAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2900 COASTAL HWY APT 2
SAINT AUGUSTINE FL 32084

Mailing Address

2900 COASTAL HWY APT **1**
SAINT AUGUSTINE FL 32084

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2441517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELSO, JEAN M
2900 COASTAL HWY APT 2
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name **Aline White**

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

2900 Coastal Highway #1

St Aug FLA 32084

City

FL

Zip Code

32084

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

Aline White Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIDDENS, DARRELL H	
STREET ADDRESS	2900 COASTAL HWY, UNIT 5	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEWIGGINS, RICHARD	
STREET ADDRESS	2900 COASTAL HWY, UNIT 6	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDFADDEN, ADEL	
STREET ADDRESS	2900 COASTAL HWY, UNIT 4	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KELSO, JEAN	
STREET ADDRESS	2900 COASTAL HWY, UNIT 2	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aline White	
STREET ADDRESS	2900 Coastal Highway	
CITY-ST-ZIP	#1 St Aug FLA 32084	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Aline White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05

Date

904-824-7971

Daytime Phone #