


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90026 022 ****61.25

DOCUMENT # N09026					
1. Entity Name OCEAN EIGHT CONDOMINIUM OWNER'S ASSOCIATION, INC.					
Principal Place of Business 7480 AIA SOUTH APT. 201 ST. AUGUSTINE, FL 32086 US			Mailing Address 7480 A1A SOUTH SUITE 201 SAINT AUGUSTINE, FL 32080 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2821941	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGENER, KEN 5012 N.W. 15TH PLACE GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE _____ NAME OTWELL, STEVE STREET ADDRESS 5002 NW 15TH PLACE CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete				
TITLE _____ NAME D STREET ADDRESS FAEHNLE, EILEEN CITY-ST-ZIP 223 WILLOWOOD BOWLING GREEN, OH 43402	<input type="checkbox"/> Delete				
TITLE _____ NAME DVP STREET ADDRESS OBERNAUF, GARY CITY-ST-ZIP 10720 BREXTON CT WHITEHOUSE, OH 43571	<input type="checkbox"/> Delete				
TITLE _____ NAME D STREET ADDRESS DYER, ANNETTE CITY-ST-ZIP 466 MISTY LANE WINTER PARK, FL	<input type="checkbox"/> Delete				
TITLE _____ NAME SD STREET ADDRESS WAGENER, KEN CITY-ST-ZIP 5012 N.W. 15TH PLACE GAINESVILLE, FL	<input type="checkbox"/> Delete				
TITLE _____ NAME DT STREET ADDRESS SEIPEL, FERD CITY-ST-ZIP 6921 NORTH RIVER RD WATERSVILLE, OH 43566	<input type="checkbox"/> Delete				
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: _____ 3/17/05 419-878-5491 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					