2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N09502

Entity Name: OCEANIQUE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2105 HIGHWAY A1A
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

2105 HIGHWAY A1A
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2537240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLAN, TIMOTHY E
460 SAILFISH COVE
SATELLITE BEACH, FL 32937 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: DP ( ) Delete
Name: PARKER, PAT
Address: 1033 BAINBURY LANE
City-St-Zip: MELBOURNE, FL 32904

Title: DV ( ) Delete
Name: MARTIN, BILL
Address: 916 BLUE WATER DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T ( ) Delete
Name: NORTON, RAY
Address: 17803 SE 125TH CIRCLE
City-St-Zip: SUMMERFIELD, FL 34491

Title: S ( ) Delete
Name: NOLAN, TIMOTHY
Address: 460 SAILFISH COVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: TIM NOLAN GM 01/10/2007

Electronic Signature of Signing Officer or Director — Date