

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90398 029 \*\*\*\*61.25

**DOCUMENT # N09503**

1. Entity Name

OCEANIQUE OWNERS' ASSOCIATION, INC.



Principal Place of Business

2105 HIGHWAY A1A  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

2105 HIGHWAY A1A  
INDIAN HARBOUR BEACH FL 32937



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2537235

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

NOLAN, TIMOTHY E  
460 SAILFISH COVE  
SATELLITE BEACH FL 32937

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 DV ☒ Delete  
NAME MCEACHRAN, DAN  
STREET ADDRESS 2085 HWY A1A #3503  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE DP ☐ Delete  
NAME PARKER, PAT  
STREET ADDRESS 1033 BAINBURY LN  
CITY-ST-ZIP MELBOURNE FL 32904

TITLE DT ☐ Delete  
NAME TACTZSCH, WILLIAM  
STREET ADDRESS 16 AUTUMN LANE  
CITY-ST-ZIP WEST SAND LAKE NY 12196

TITLE S ☐ Delete  
NAME NOLAN, TIMOTHY  
STREET ADDRESS 460 SAILFISH COVE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☒ Change ☐ Addition  
NAME PALMER, Sheldon  
STREET ADDRESS 126 - MOMET BLVD  
CITY-ST-ZIP WINCHESTER KY 40391

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

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

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

TITLE ☐ Change ☐ Addition  
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 Section 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:

*Timothy E. Nolan*  
Timothy E. NOLAN

3/18/06