

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09503

FILED
Mar 05, 2008
Secretary of State

Entity Name: OCEANIQUE OWNERS' 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: 59-2537235

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: DV () Delete
Name: PALMER, SHELDON
Address: 126 MONET BLVD
City-St-Zip: WINCHESTER, KY 40391

Title: DP () Delete
Name: PARKER, PAT
Address: 1033 BAINBURY LN
City-St-Zip: MELBOURNE, FL 32904

Title: DT () Delete
Name: TACTZSCH, WILLIAM
Address: 16 AUTUMN LANE
City-St-Zip: WEST SAND LAKE, NY 12196

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY NOLAN

S

03/05/2008

Electronic Signature of Signing Officer or Director

Date