



**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N09943</b> 1. Entity Name <b>OCEANA CONDOMINIUM ASSOCIATION OF HOLMES BEACH, INC.</b>				
Principal Place of Business <b>2208 8TH STREET WEST PALMETTO, FL 34221</b>		Mailing Address <b>2208 8TH STREET WEST PALMETTO, FL 34221</b>		
<b>DO NOT WRITE IN THIS SPACE</b>				
				 04272004 No Chg-NP CR2E037 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>59-2824094</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KAKLIS, V. WILLIAM ESQ. 1400 4TH AVE. WEST BRADENTON, FL 34205</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>000000153794 05/04/04-80141-010 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRULL, DAVID J 2208 8TH STREET WEST PALMETTO, FL 34221			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KRULL, SANDRA E 2208 8TH STREET WEST PALMETTO, FL 34221			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GALBRAITH, HARRY W 506 CHESHIRE DRIVE KNOXVILLE, TN 37919			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE 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: <u>Sandra E. Krull</u> <b>SANDRA E. KRULL</b> 4/27/04 941-722-6811 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				