


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90002 046 \*\*\*\*61.25

|  |   |   |         |  |  |
|--|---|---|---------|--|--|
| <b>DOCUMENT # N16213</b><br>1. Entity Name<br>OCEANS ATRIUM CONDOMINIUM ASSOCIATION, INC.  |   |   |         |   |  |
| Principal Place of Business<br>3023 S. ATLANTIC AVENUE<br>DAYTONA BCH SHORES, FL 32118   |   |   |         | Mailing Address<br>3023 S. ATLANTIC AVENUE<br>DAYTONA BCH SHORES, FL 32118   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |         |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |         |  |  |
| City & State   |   | City & State  |         |  |  |
| Zip  | Country   | Zip   | Country |  |  |
| 6. Name and Address of Current Registered Agent<br><br>WARD, WINSLOW<br>3023 S ATLANTIC AVE 801<br>DAYTONA BEACH, FL 32118   |   |   |         | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |         |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |         | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
|  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |         |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |         |  |  |
| TITLE  | P   | <input checked="" type="checkbox"/> Delete  |         |  |  |
| NAME   | WINSLOW, WARD   |   |         |  |  |
| STREET ADDRESS   | 3023 ATLANTIC AVE 801   |   |         |  |  |
| CITY-ST-ZIP  | DAYTONA BEACH, FL 32118   |   |         |  |  |
| TITLE  | VP  | <input checked="" type="checkbox"/> Delete  |         |  |  |
| NAME   | KING, BETTY   |   |         |  |  |
| STREET ADDRESS   | 3023 S. ATLANTIC AVE  |   |         |  |  |
| CITY-ST-ZIP  | DAYTONA BEACH, FL 32118   |   |         |  |  |
| TITLE  | O   | <input checked="" type="checkbox"/> Delete  |         |  |  |
| NAME   | SCHWARTZ, KAY   |   |         |  |  |
| STREET ADDRESS   | 3025 S ATLANTIC AVE   |   |         |  |  |
| CITY-ST-ZIP  | DAYTONA BEACH, FL 32118   |   |         |  |  |
| TITLE  | T   | <input checked="" type="checkbox"/> Delete  |         |  |  |
| NAME   | BACSCH, BETTY   |   |         |  |  |
| STREET ADDRESS   | 3023 SO. ATLANTIC #804  |   |         |  |  |
| CITY-ST-ZIP  | DAYTONA BEACH, FL 32118   |   |         |  |  |
| TITLE  | S   | <input checked="" type="checkbox"/> Delete  |         |  |  |
| NAME   | BOYCE, GARY   |   |         |  |  |
| STREET ADDRESS   | 3023 SO. ATLANTIC AVE #702  |   |         |  |  |
| CITY-ST-ZIP  | DAYTONA BEACH, FL 32118   |   |         |  |  |
| TITLE  | <input type="checkbox"/> Delete                                   |   |         |  |  |
| NAME   |   |   |         |  |  |
| STREET ADDRESS   |   |   |         |  |  |
| CITY-ST-ZIP  |   |   |         |  |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |         |  |  |
| TITLE  | P   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |         |  |  |
| NAME   | President Kay Schwarz   |   |         |  |  |
| STREET ADDRESS   | 3023 S. Atlantic Avenue #1207                                     |   |         |  |  |
| CITY-ST-ZIP  | Daytona Beach, FL 32118   |   |         |  |  |
| TITLE  | VP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |         |  |  |
| NAME   | Winslow Ward  |   |         |  |  |
| STREET ADDRESS   | 3023 S. Atlantic Ave #801   |   |         |  |  |
| CITY-ST-ZIP  | Daytona Beach, FL 32118   |   |         |  |  |
| TITLE  | S   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |         |  |  |
| NAME   | Betty Baesch  |   |         |  |  |
| STREET ADDRESS   | 3023 S. Atlantic Ave #804   |   |         |  |  |
| CITY-ST-ZIP  | Daytona Beach, FL 32118   |   |         |  |  |
| TITLE  | T   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |         |  |  |
| NAME   | Gary Boyce  |   |         |  |  |
| STREET ADDRESS   | 3023 S. Atlantic Ave #702   |   |         |  |  |
| CITY-ST-ZIP  | Daytona Beach, FL 32118   |   |         |  |  |
| TITLE  | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |         |  |  |
| NAME   | Alan Zaremskas  |   |         |  |  |
| STREET ADDRESS   | 201 Buckley Hill Road   |   |         |  |  |
| CITY-ST-ZIP  | Colchester, CT 06415  |   |         |  |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: <u>James A. Burns</u> <span style="float: right;">6/19/08</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |         |  |  |