## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # N16213  1. Entity Name OCEANS ATRIUM CONDOMINIUM ASSOCIATION, INC.							06-23-200				
3023 S. ATL	ce of Business Antic Avenue CH Shores, FL 32118	3023	Address S. Atlantic ave DNA BCH SHORES				(1918 81118 11881) 11884	ı IIII <i>et</i> ibli etam alı	Pts B1871 A1811 41A1	KPI S1 (GA)	
2. Principal Place of Business - No P.O. Box # 3. Mai			Mailing Address								
Suite. Apt. #, etc. Su			Suite, Apt. #, etc.			06192008	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State			4. FEI Number Applied For 59-2770532 Not Applicable					
Zíp	Country Zip			Country		5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Agent		
MARIO MANICI OVA					Name						
WARD, WINSLOW 3023 S ATLANTIC AVE 801 DAYTONA BEACH, FL 32118				Street	Street Address (P.O. Box Number is Not Acceptable)						
				City					Zip Code	,	
					<u> </u>						
	e named entity submits this statement tions of registered agent.	for the purpo	se of changing its	registered office	or register	red agent, or both	h, in the State of I	Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age										
		nt and tale if apply	cable. (NOTE	F: Registered Agent sign	Ather recurren	(when remetation)		DATE		<del></del> ;	
	Signature, typed or printed harne of registered age	nt and tale if apph	cable. (NOTE	E: Registered Agent sign	Attre required	i when reinstating)		DATE			
D	Filing Fee is \$61.25 ue by September 12, 2008	nt and tale if apph		mpaign Financing	<del></del>	\$5.00 May Bo Added to Fees			k payable to tment of St		
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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 legat 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 recute the same legat 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 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

TITLE

NAME

☐ Delete

Davtime Phone #

☐ Change

■ Addition