


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90019 026 ****61.25

DOCUMENT # N24937
 1. Entity Name
OCEAN ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2910 S.E. DUNE DRIVE **2910 S.E. DUNE DRIVE**
STUART FL 34996 **STUART FL 34996**

34032023



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0097997 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAZMIER, TIMOTHY D.
2115 S.E. OCEAN BLVD.
STUART FL 34996

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

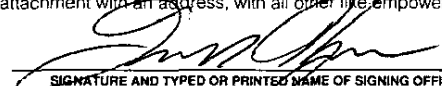
10. OFFICERS AND DIRECTORS

TITLE NAME	COHN, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	2910 S.E. DUNE DR.	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	HESSLER, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	DVP CHILDRESS, LINWOOD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL	
TITLE NAME	DT MC CARNEY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	D BERNSTEIN, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	2910 SE DUNE DRIVE	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD PTACEK, MELANIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2910 SE DUNE DRIVE	
CITY-ST-ZIP	STUART FLORIDA 34996	

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 the empowered.

SIGNATURE:  **TIMOTHY KAZMIER** Date: **4-12-04** Daytime Phone #: **772-220-0005**