




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90314 028 ****61.25

DOCUMENT # N24937					
1. Entity Name OCEAN ISLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2910 S.E. DUNE DRIVE STUART FL 34996		Mailing Address 2910 S.E. DUNE DRIVE STUART FL 34996			
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 65-0097997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHN, RICHARD		NAME	COYNE, DALE	
STREET ADDRESS	2910 S.E. DUNE DR.		STREET ADDRESS	2910 SE DUNE DRIVE	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	STUART FLORIDA 34996	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSLER, KENNETH		NAME		
STREET ADDRESS	2910 SE DUNE DR		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC CARNEY, JOHN		NAME		
STREET ADDRESS	2910 SE DUNE DR		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNSTEIN, DIANE		NAME	SEABMAN MORT	
STREET ADDRESS	2910 SE DUNE DRIVE		STREET ADDRESS	2910 SE DUNE DRIVE	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	STUART FLORIDA 34996	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTACEK, MELANIE		NAME		
STREET ADDRESS	2910 SE DOVE DR		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Date: 4-11-05		Daytime Phone #: 772-220-0005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	