

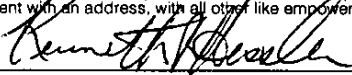


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 013 ****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		4. FEI Number 65-0097997	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAZMIER, TIMOTHY D. 2115 S.E. OCEAN BLVD. STUART, FL 34996			Name		
			Street Address (P.O. Box Number is Not Acceptable) <i>2177 SE Ocean Blvd.</i>		
			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	
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNE, DALE		NAME		
STREET ADDRESS	2910 S.E. DUNE DR.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>DT</i>	<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	DP	<input type="checkbox"/> Delete	TITLE		<input 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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAMAN, MORT		NAME		
STREET ADDRESS	2910 SE DUNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	SD	<input checked="" 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	<i>DS</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>JAY KAPLAN</i>	
STREET ADDRESS			STREET ADDRESS	<i>2910 SE DUNE DR</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>STUART FLORIDA 34996</i>	
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: 		Date: <i>4/18/06</i>		Daytime Phone #: <i>772 220 0005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



02222006 Chg-NP CR2E037 (11/05)