

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27890

FILED
Jan 27, 2011
Secretary of State

Entity Name: OCEANIQUE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2105 HIGHWAY A1A
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

2105 HIGHWAY A1A
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2913187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, TIMOTHY E
460 SAILFISH COVE
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: VAN VONDEREN, ROBERT
Address: 424 ARUBA COURT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DV
Name: MARTIN, ALEXANDER
Address: 916 BLUE WATER DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: S
Name: NOLAN, TIMOHTY
Address: 460 SAILFISH COVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D
Name: PALMER, SHELDON
Address: 126 MONET BLVD
City-St-Zip: WINCHESTER, KY 40391

Title: D
Name: MCKAY, CRAIG
Address: 11139 RICH MEADOW DRIVE
City-St-Zip: GREAT FALLS, VA 22066

Title: T
Name: WILANSKY, JOHN
Address: 1026 ASHELY AVENUE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIM E. NOLAN

SEC

01/27/2011

Electronic Signature of Signing Officer or Director

Date