
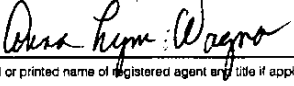
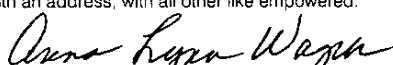


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 003 ****61.25

DOCUMENT # N28309 1. Entity Name OCEANA OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 750 S ORLANDO AVE COCOA BCH, FL 32931 US				Mailing Address 750 S ORLANDO AVE COCOA BCH, FL 32931 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2908833	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAGNER, ANNA L 744 S ORLANDO AVE #707 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 				DATE 4/29/08	
Filing Fee is \$61.25 Due by May 1, 2008				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	MENDOZA, ALICIA		NAME		
STREET ADDRESS	748 S ORLANDO #511		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, ANNA L		NAME		
STREET ADDRESS	744 S ORLANDO AVE, # 702		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32731		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, MARK		NAME		
STREET ADDRESS	748 S ORLANDO AVE, # 508		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, THELMA		NAME		
STREET ADDRESS	748 S ORLANDO AVE, # 504		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWEENEY, ED		NAME		
STREET ADDRESS	748 S ORLANDO AVE, # 608		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YELLE, ELOISE		NAME		
STREET ADDRESS	748 S ORLANDO AVE, # 512		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
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 4/24/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			321-799-4001		