2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# N30602

Entity Name: OCEANVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

115 BAMBOO ROAD
PALM BEACH SHORES, FL 33404

New Principal Place of Business:

Current Mailing Address:

115 BAMBOO ROAD - APT 108
PALM BEACH SHORES, FL 33404

New Mailing Address:

FEI Number: 65-0176158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEA, SHEILA
115 BAMBOO ROAD - APT. 202
PALM BEACH SHORES, FL 33404 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: PD ( ) Delete
Name: NIELAND, JULIETTE
Address: 115 BAMBOO ROAD, APT #201
City-St-Zip: PALM BCH SHORES, FL 33404

Title: TD ( ) Delete
Name: NIELAND, RICHARD L
Address: 115 BAMBOO ROAD, APT.#204
City-St-Zip: PALM BCH SHORES, FL 33404

Title: SD ( ) Delete
Name: NIELAND, JACK
Address: 115 BAMBOO ROAD, #108
City-St-Zip: PALM BCH SHORES, FL 33404

Title: D ( ) Delete
Name: SULLIVAN, DAVID
Address: 115 BAMBOO ROAD, #105
City-St-Zip: PALM BCH SHORES, FL 33404

Title: D ( ) Delete
Name: CASHMAN, JUSTIN
Address: 115 BAMBOO ROAD,#101
City-St-Zip: PALM BCH SHORES, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACK NIELAND MR. 08/28/2009

Electronic Signature of Signing Officer or Director — Date