


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

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90103 035 \*\*\*\*61.25

<b>DOCUMENT # N30689</b>			
1. Entity Name <b>OCEAN SIDE OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O HELEN G. BRADLEY 94 OCEANSIDE ATLANTIC BCH FL 32233 US</b>		Mailing Address <b>C/O HELEN G. BRADLEY 94 OCEANSIDE ATLANTIC BCH FL 32233 US</b>	
2. Principal Place of Business		3. Mailing Address <b>90 John Morello</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>225 Oceanside CT</b>	
City & State		City & State <b>Atlantic Beach FL</b>	
Zip	Country	Zip	Country
<b>32233</b>	<b>USA</b>	<b>32233</b>	<b>USA</b>



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>BRADLEY, HELEN 94 OCEANSIDE ATLANTIC BCH FL 32233</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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

Signature, typed or printed name of registered agent and state if applicable.

(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. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	D HARREN, TOM 74 OCEANSIDE ATLANTIC BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLY, DAFFIN 54 OCEANSIDE ATLANTIC NEALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADLEY, HELEN 94 OCEANSIDE ATLANTIC BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/5 (904) 993-1500  
Date Daytime Phone #