2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 09, 2005 8:00 am Secretary of State

1. Entity Nam	OUNES C	# N31871 DCEANSIDE II CO NC.	NDOMINIUM					05-09-200:	5 90298	022 ****(51.25
8800 S. OCEAN DR., UNIT 410 880				ailing Address 800 S. OCEAN DR., UNIT 410 ENSEN BEACH, FL 34957				T MINI IINN INN INN	0 III - III	50051	
2. Principal Place of Business 3. M			3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01142005	Chg-NP	CR2E	E037 (10/03))
City & State			City & State				4. FEI Number Applied For 85-0142129 Not Applicable				
Zip	Zip Country				ıntry	5. Certificate of S				\$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent						<u> </u>	_7Name and	Address of New	r Registere	d Agent	
ROBERT F					Name Street Add	LOI drass (F	O Box Niger	er is Not Accepta	E hie		. , .
8800 S OCEAN DR JENSEN BEACH, FL 34957					Street Add	<u> </u>	18 10	CANL >	JWY		
					City	KU 1. KU 1.	<u>e 100 </u>		F	Zip Co	mod
8. The above	named entit	y submits this statement for	or the purpose of changing	its register	ed office or re	egistere	nd agent, or bo	th, in the State of		<u> </u>	h, and accept
uie obligat	ions of regist	lered agent.									
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SIGNATURE.	Signature, typed	d or printed name of registered agen	t and title if applicable. (8	NOTE: Registere	d Agent signature	required	when reinstating)) DAT	14/0	5
SIGNATURE .	Filing Fe	or printed name of registered agen the Is \$61.25 May 1, 2005	9. Election		rinancing		\$5.00 May E			eck payable partment of	
SIGNATURE	Filing Fe	e is \$61.25	9. Election (Trust Fur	Campaign F	inancing		\$5.00 May E Added to Fees		lorida Dep	partment of	State
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

MCINTYRE, THOMAS

8800 S OCEAN DR #102

JENSEN BEACH, FL 34957

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Change

■ Addition