


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 041 ****61.25

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N39531 |  |
| 1. Entity Name OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE BEACH, INC. | |

| | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business 36 OCEANI COURT SAINT AUGUSTINE FL 32080 US | Mailing Address 36 OCEANI COURT SAINT AUGUSTINE FL 32080 US |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-2811335 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent FROST, THOMAS 36 OCEAN COURT SAINT AUGUSTINE FL 32080 | |
|-------------------------------------------------------------------------------------------------------------------------|--|

| | |
|----------------------------------------------------|----------|
| 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 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 NAME STREET ADDRESS CITY-ST-ZIP | VPD MCLENDRE, TED 1 NORTH TRIDENT PLACE SAINT AUGUSTINE FL 32080 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition MCLEMORE, TED |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHMALKUCHE, FRED 19 SUNFISH DRIVE ST. AUGUSTINE FL 32080 <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 FROST, THOMAS 36 OCEAN COURT SAINT AUGUSTINE FL 32080 <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 | SD DROZD, DEBORAH 1 BEACH STREET SAINT AUGUSTINE FL 32080 <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 |
| 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 exemptions contained in Section 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:

[Handwritten Signature]