

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41811

FILED
May 12, 2006
Secretary of State

Entity Name: OCEANQUEST CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

4641 S ATLANTIC AVE
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

4641 S. ATLANTIC AVENUE
PONCE INLET, FL 32127 US

New Mailing Address:

FEI Number: 59-3046822 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

MISKOTTEN, KIM
4641 S. ATLANTIC AVE. # 203
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

GUTLOVE, NORMAN
4641 S. ATLANTIC AVE. # 701
PONCE INLET, FL 32127 US

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: NORMAN GUTLOVE

05/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GUTLOVE, NORMAN
Address: 4641 S ATLANTIC AVE, # 701
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: BACHAND, RONALD
Address: 4641 S ATLANTIC AVE, # 206
City-St-Zip: PONCE INLET, FL 32127

Title: SD () Delete
Name: SANDER, SUSAN
Address: 4641 S ATLANTIC AVE #402
City-St-Zip: PONCE INLET, FL 32127

Title: TD () Delete
Name: LIPPENS, JOHN
Address: 119 POLO LANE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: CUTLOVE, NORMAN
Address: 4641 S. ATLANTIC AVE. #701
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUTLOVE, NORMAN
Address: 4641 S ATLANTIC AVE, # 701
City-St-Zip: PONCE INLET, FL 32127

Title: VD (X) Change () Addition
Name: BACHAND, RONALD
Address: 4641 S ATLANTIC AVE, # 206
City-St-Zip: PONCE INLET, FL 32127

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

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

Title: D (X) Change () Addition
Name: FRICKE, RUTH W
Address: 4641 S. ATLANTIC AVE. #202
City-St-Zip: PONCE INLET, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN GUTLOVE

PRES

05/12/2006

Electronic Signature of Signing Officer or Director

Date