

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003117

FILED
Mar 22, 2006
Secretary of State

Entity Name: OCEANSIDE ISLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6767 SW 81 ST
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6767 SW 81 ST
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0442917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRIN, MICHAEL
823 NORTH OLIVE AVE
WEST PALM BEACH, FL 33401 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: D () Delete
Name: CARPENTER, JOHN
Address: 2590 JENKINS POINT
City-St-Zip: JOHNS ISLAND, SC

Title: D () Delete
Name: FERRIN, MICHAEL
Address: 823 NORTH OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MORRISON, TOMMY
Address: 6767 S.W. 81ST ST.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: MEYER, JAMES
Address: 10001 SW 142 ST
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: KAMMER, KERRY
Address: 40 ROCK CREEK ROAD
City-St-Zip: CLINTON, MT 59825

Title: D () Delete
Name: FITZPATRICK, PATRICK
Address: 3814 BROCKER ROAD
City-St-Zip: METAMORA, MI 48455

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: TOMMY C MORRISON

D

03/22/2006

Electronic Signature of Signing Officer or Director

Date