

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2009  
Secretary of State**

DOCUMENT# N93000003117

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      ( ) 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  
Name:  
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 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 MORRISON

D

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date