


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000000217	
1. Entity Name OCEANIA OWNERS' ASSOCIATION, INC.	

Principal Place of Business 720 GULF SHORE DR. DESTIN FL 32541	Mailing Address 720 GULF SHORE DR. DESTIN FL 32541
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State

1st MOORE CR2E037 (10/06)

Zip	Country	Zip	Country
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4. FEI Number 62-1627651	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUIDRY, ROLAND D 720 GULF SHORE DRIVE #605 DESTIN FL 32541
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME CITRANO, SAMMY STREET ADDRESS 10008 TREELINE DR CITY ST ZIP WACO TX 76712-8528	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP 07/10/07-80016-018 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME FERNBAUGH, ALAN STREET ADDRESS 6623 SANDSTONE AVE. CITY ST ZIP BATON ROUGE LA 70808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HACKMEYER, WILLIAM F STREET ADDRESS 315 WEST CHERRY CIRCLE CITY ST ZIP MEMPHIS TN 38117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME GUIDRY, ROLAND STREET ADDRESS 720 GULF SHORE DR, #605 CITY ST ZIP DESTIN FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SKEEL, DAVID STREET ADDRESS 720 GULF SHORE DR 703 CITY ST ZIP DESTIN FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LOUVIERE, JAY STREET ADDRESS 40 WHITFIELD CIR CITY ST ZIP JACKSON TN 38305	<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: *Roland D Guidry* **7-3-07** **850-650-1773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #