

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005975

1. Entity Name
**OCEANFRONT PARTNERSHIP CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3425 N ATLANTIC AVE
COCOA BCH, FL 32931**

Mailing Address
**3425 N ATLANTIC AVE
COCOA BCH, FL 32931**



04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3488605

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BIERNING, EUGENE K
3425 N ATLANTIC AVE
COCOA BCH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOBSON, ROGER
STREET ADDRESS	215 BAYTREE DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	SD
NAME	BJERNING, GENE
STREET ADDRESS	215 BAYTREE DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	TD
NAME	HERMANSEN, BJORNAR
STREET ADDRESS	215 BAYTREE DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000362213
05/05/05-80111-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #