


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90083 049 \*\*\*\*61.25

<b>DOCUMENT # N98000003809</b>			
1. Entity Name OCEANSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 199 OCEANSIDE BOULEVARD INDIALANTIC, FL 32903		Mailing Address P.O. BOX 510733 MELBOURNE BEACH, FL 32951	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1331 Bedford DR. #103</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Melbourne FL</b>	
Zip	Country	Zip <b>32940</b>	Country
6. Name and Address of Current Registered Agent <b>SCHMAUSS, KATHRYN</b> 3350 POSEIDON WAY INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name <b>Jim Kenney</b> Street Address (P.O. Box Number is Not Acceptable) <b>1331 BEDFORD DR. #103</b> City <b>Melbourne FL</b> Zip Code <b>32940</b>	
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 <i>Jim Kenney</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHMAUSS, KATHRYN E 3350 POSEIDON WAY INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. Deborah HAATAJA-DeLantany 1331 BEDFORD DR. #103 Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FOX, JAMES 3003 JACOBAEUS LANE INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jim FOX 1331 Bedford DR. #103 Melbourne FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAATAJA-DERATANY, DEBORAH D 3235 LUSITANIA LANE INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Carol BAKER 1331 BEDFORD DR. #103 Melbourne FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARKER PALLADINO, CAROL 511 OCEANSIDE BOULEVARD INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JERRY Kronenfeld 1331 Bedford DR. #103 Melbourne FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REAGAN, MARK 254 INTREPID WAY INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Randy Aloise 1331 Bedford DR. #103 Melbourne FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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 Chapter 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: <i>Jim Kenney</i>		RA <b>4/30/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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