


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90011 048 ****61.25

DOCUMENT # N98000003809

1. Entity Name
OCEANSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**199 OCEANSIDE BOULEVARD
 INDIALANTIC, FL 32903**

Mailing Address
**19 E. CENTRAL BLVD.
 SECOND FLOOR
 ORLANDO, FL 32801**

40101803



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3631771

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SURFACE, FRANK
 19 E. CENTRAL BLVD.
 SECOND FLOOR
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Community Resource Mgmt**

Street Address (P.O. Box Number is Not Acceptable)
19 E. Central Blvd.

City **Orlando** FL Zip Code **32801**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAATAJA DERATANY, DEBORAH <input type="checkbox"/> Delete HAATAJA-DERATANEY, DEBOREH 19 E. CENTRAL BLVD., 2ND FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete FOX, JAMES 19 E. CENTRAL BLVD., 2ND FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete BOWMAN, BENJAMIN 19 E. CENTRAL BLVD., 2ND FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete MCGOVERN, MICHAEL 19 E. CENTRAL BLVD., 2ND FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALOISE, <input type="checkbox"/> Delete ALUISE, RANDY 19 E. CENTRAL BLVD., 2ND FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis Crowley, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Snyder
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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: **D Haataja Deratany** Date: **5/5/08** Daytime Phone #: **321-777-1603**