

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003809

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** OCEANSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

199 OCEANSIDE BOULEVARD  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 33160  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 59-3631771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAYSIDE MANAGEMENT SERVICES  
3208 GARDENWOOD DR  
GRANT, FL 32949 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: VP  
Name: ALOISE, RANDY  
Address: 3072 JACOBAEUS  
City-St-Zip: INDIALANTIC, FL 32903

Title: P  
Name: FOX, JAMES  
Address: 3003 JACOBAEUS LANE  
City-St-Zip: INDIALANTIC, FL 32903

Title: S  
Name: BRAID, TODD  
Address: 3379 POSEIDON WAY  
City-St-Zip: INDIALANTIC, FL 32903

Title: T  
Name: SNYDER, WILLIAM  
Address: 393 INTREPID WAY  
City-St-Zip: INDIALANTIC, FL 32903

Title: D  
Name: SPURLIN, JERE  
Address: 3041 PURPLE MARTIN  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

SIGNATURE: SARA LAPOINTE

AGNT

01/06/2012

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

\_\_\_\_\_  
Date