

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90172 009 ****61.25

DOCUMENT # N98000003809

1. Entity Name
OCEANSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4 LAGUNA STREET
SUITE 201
FORT WALTON, FL 32548**

Mailing Address
**4 LAGUNA STREET
SUITE 201
FORT WALTON, FL 32548**

2. Principal Place of Business

3. Mailing Address

P.O. Box 510733

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Melbourne Beach, FL

4. FEI Number

59-3631771

Applied For

Not Applicable

Zip

Country

Zip
32951-0733 Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WRENN, RICHARD
200 ALLAN LANE
MELBOURNE BEACH, FL 32951**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when appointing)

DATE

Richard Wrenn

4-29-03

FILE NOW FEES \$61.25

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	<input type="checkbox"/> Delete
PO	SCHWEIZER, W. TODD	4 LAGUNA STREET, SUITE 201	FT. WALTON BEACH, FL 32548	<input type="checkbox"/>
TD	IOVIENO, MICHAEL	4 LAGUNA STREET, SUITE 201	FT. WALTON BEACH, FL 32548	<input type="checkbox"/>
SD	WRENN, RICHARD	200 ALLAN LANE	MELBOURNE BEACH, FL 32951	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 817, 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: *X*

SIGNATURE, AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE

Richard Wrenn, Secretary 4-29-03 (321) 777-5552