

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90075 005 ****61.25

DOCUMENT # N99000003992																										
1. Entity Name OCEANIA CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.																										
Principal Place of Business MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250		Mailing Address MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250																								
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1		3. Mailing Address PO Box 330076 Suite, Apt. #, etc.																								
City & State Atlantic Beach FL		City & State Atlantic Beach FL																								
Zip 32233		Country USA																								
4. FEI Number 59-3588353		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent MARVIN, SONJA MARVIN REAL ESTATE 1835 NORTH THIRD ST. JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name: Marvin + Floyd Realty Inc Street Address (P.O. Box Number is Not Acceptable): 753 Atlantic Blvd #1 City: Atlantic Beach FL Zip Code: 32233																								
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: <u>Marvin + Floyd Realty Inc</u> <u>[Signature]</u> <u>3-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																										
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/30/07</u> <small>Date</small>																								
<small>Daytime Phone #</small>																										