

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90204 030 \*\*\*\*61.25

**DOCUMENT # N99000003992**

1. Entity Name  
OCEANIA CONDOMINIUM ASSOCIATION OF  
JACKSONVILLE BEACH, INC.



Principal Place of Business  
753 ATLANTIC BLVD  
#1  
ATLANTIC BEACH, FL 32233

Mailing Address  
PO BOX 330026  
ATLANTIC BEACH, FL 32233

**40089496**



04242008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3588353

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARVIN & FLOYD REALTY INC.  
753 ATLANTIC BLVD #1  
ATLANTIC BEACH, FL 32233

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PRICE, STEPHEN  
STREET ADDRESS 1415 N 1ST. ST., #503  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE SD  
NAME HAGLER, DENNIS  
STREET ADDRESS 1415 N 1ST. ST., #402  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D  
NAME SLOCUM, CAROLYN  
STREET ADDRESS 1415 N. 1ST ST. #301  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D  
NAME JOSEPH, THERESA  
STREET ADDRESS 1415 N. 1ST ST. #703  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE TD  
NAME MYERS, THOMAS  
STREET ADDRESS 1415 N 1ST ST. #603  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #