

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746197

**Entity Name:** OCEANS FOUR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 20, 2021**  
**Secretary of State**  
**4025163554CC**

**Current Principal Place of Business:**

MANAGEMENT OFFICE  
3003 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES, FL 32118

**Current Mailing Address:**

MANAGEMENT OFFICE  
3003 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES, FL 32118 US

**FEI Number: 59-2067988**

**Certificate of Status Desired: No**

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

SMITH, S. JANE  
3003 SOUTH ATLANTIC AVENUE  
# 2B4  
DAYTONA BEACH SHORES, FL 32118 US

*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

**Officer/Director Detail :**

Title P  
Name SMITH, S. JANE  
Address 3003 SOUTH ATLANTIC AVENUE  
#2B4  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title VP  
Name FEUERSTEIN, ADALBERT  
Address MANAGEMENT OFFICE  
3003 SOUTH ATLANTIC AVENUE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title S  
Name EVANS, PATRICIA  
Address MANAGEMENT OFFICE  
3003 SOUTH ATLANTIC AVENUE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title DIRECTOR  
Name DATZ, ERIC  
Address MANAGEMENT OFFICE  
3003 SOUTH ATLANTIC AVENUE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title TREASURER  
Name MORBITZER, MARGARET LEE  
Address MANAGEMENT OFFICE  
3003 SOUTH ATLANTIC AVENUE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title DIRECTOR  
Name COLE, CARRIE WRIGHT  
Address MANAGEMENT OFFICE  
3003 SOUTH ATLANTIC AVENUE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

Title DIRECTOR  
Name SMITH, LEON  
Address MANAGEMENT OFFICE  
3003 SOUTH ATLANTIC AVENUE  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

*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: MARGARET L MORBITZER**

**TREASURER**

**02/20/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date