

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

DOCUMENT# N24937

**Entity Name:** OCEAN ISLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2910 S.E. DUNE DRIVE  
STUART, FL 34996

**Current Mailing Address:**

2910 S.E. DUNE DRIVE  
STUART, FL 34996

**FEI Number:** 65-0097997

**Certificate of Status Desired:** No

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

CORNETT, JANE LESQ.  
759 SW FEDERAL HWY  
SUITE 213  
STUART, FL 34994 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:** JANE CORNETT

04/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name BEVINS, WILLIAM  
Address 2920 S.E. DUNE DR.  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name KAPLAN, JAY  
Address 2900 SE DUNE DR  
City-State-Zip: STUART FL 34996

Title PRESIDENT, DIRECTOR  
Name SMITH, THOMAS  
Address 2920 SE DUNE DRIVE  
City-State-Zip: STUART FL 34996

Title TREASURER, DIRECTOR  
Name BONASERA, JOE  
Address 2920 SE DUNE DR  
City-State-Zip: STUART FL 34996

Title DIRECTOR, SECRETARY  
Name SNOWEISS, HOWARD  
Address 2920 SE DUNE DRIVE  
City-State-Zip: STUART FL 34996

Title MANAGER  
Name KAZMIER, TIMOTHY D.  
Address 625 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

*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:** TIMOTHY D. KAZMIER

MANAGER

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date