


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90191 015 ****61.25

DOCUMENT # N03000001843					
1. Entity Name OCEANSIDE INN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1909 S ATLANTIC AVE DAYTONA BEACH, FL 32118			Mailing Address 1909 S ATLANTIC AVE DAYTONA BEACH, FL 32118		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GORDON, JOHN 6165 CARRIER DRIVE ORLANDO, FL 32819				Name <i>Alexander Carinus, CAM</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>400 Gran Bonanza Blvd.</i>	
				City <i>Davenport,</i>	
				State FL	Zip Code <i>33879</i>
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 <i>[Signature]</i>				DATE	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, LOREN		NAME		
STREET ADDRESS	34 PINE HILLS DR		STREET ADDRESS		
CITY-ST-ZIP	BATH, ME 04530		CITY-ST-ZIP		
TITLE	SECR	<input checked="" type="checkbox"/> Delete	TITLE	<i>Sec.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANCTIL, PAUL		NAME	<i>Brown, William</i>	
STREET ADDRESS	1571 MOUNT CALVARY RD		STREET ADDRESS	<i>7005 W. Kennedy Parkway</i>	
CITY-ST-ZIP	BROOKNEAL, VA 24528		CITY-ST-ZIP	<i>Yorktown, VA 22696</i>	
TITLE	TRES	<input checked="" type="checkbox"/> Delete	TITLE	<i>Tres.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SGOUROS, NESTOR		NAME	<i>Smith, Linda</i>	
STREET ADDRESS	105 FLORENCE RD		STREET ADDRESS	<i>9151 S. Kenwood Ct.</i>	
CITY-ST-ZIP	RIVERSIDE, CT 06878		CITY-ST-ZIP	<i>Highland Ranch, CO 8012</i>	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

00001004



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
06-1670628 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name
Alexander Carinus, CAM
 Street Address (P.O. Box Number is Not Acceptable)
400 Gran Bonanza Blvd.
 City
Davenport, FL Zip Code
33879

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: *[Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR