
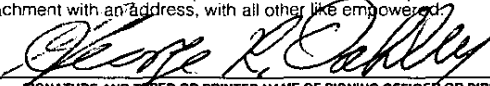


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90237 022 ****61.25

DOCUMENT # 737997					
1. Entity Name OCEAN VILLAS II, INCORPORATED					
Principal Place of Business 2400 SOUTH OCEAN DRIVE FT. PIERCE FL 34949			Mailing Address 2400 SOUTH OCEAN DRIVE FT. PIERCE FL 34949		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1779027	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHER, GEORGE H. 2400 SOUTH OCEAN DRIVE FT. PIERCE FL 34949			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESELNIK, JOSEPH		NAME		
STREET ADDRESS	2400 S OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34949		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARNO, ROSE		NAME		
STREET ADDRESS	2400 S OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34949		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNISON, RUTH		NAME	DENNISON, RUTH	
STREET ADDRESS	2400 S OCEAN DR		STREET ADDRESS	2400 S OCEAN DR.	
CITY-ST-ZIP	FORT PIERCE FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TESORIERO, FRAN		NAME	OAKLEY, GEORGE	
STREET ADDRESS	2400 S. OCEAN DR		STREET ADDRESS	2400 S OCEAN DR	
CITY-ST-ZIP	FORT PIERCE FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, HOWARD		NAME	KLEM, EDWARD	
STREET ADDRESS	2400 S OCEAN DR		STREET ADDRESS	2400 S OCEAN DR	
CITY-ST-ZIP	FORT PIERCE FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 exemption stated in Section 119.07(3)(i), 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: 		4/29/04		772-489-0300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	