



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

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90037 038 \*\*\*\*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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		03272008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-1779027			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BECKER & POLIAKOFF, PA C/O PETER MOLLENGARDEN 625 N. FLAGLER DRIVE, 7TH FLOOR WEST PALM BEACH, FL 33401			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 _____							
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, 2008		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	JESELNIAK, JOSEPH		NAME				
STREET ADDRESS	2400 S OCEAN DR		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BAUMAN, DON SR.		NAME				
STREET ADDRESS	2400 S. OCEAN DRIVE - V734		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34947		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SCHNEIDER, CHARLES		NAME				
STREET ADDRESS	2400 S. OCEAN DRIVE		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BAUMAN, DONALD		NAME				
STREET ADDRESS	2400 S. OCEAN DRIVE - V734		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FLYNN, JOHN		NAME				
STREET ADDRESS	2400 S. OCEAN DRIVE		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP				
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 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: 		Date: 4-11-08		203-215-8866			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			