


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 740969
 1. Entity Name
DELRAY OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1000 OCAEN TERRACE DELRAY BEACH FL 33483 US **60 VENETIAN DRIVE DELRAY BEACH FL 33483 US**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **59-1783353** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SERGIO'S PROPERTY MANAGEMENT, INC.
60 VENETIAN DRIVE
DELRAY BEACH FL 33483

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KOHLER, DONALD F	
STREET ADDRESS	139 SAGAMORE ROAD	
CITY - ST - ZIP	LOUISVILLE KY 40207	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	PRICE, RONALD	
STREET ADDRESS	3238 BAYBERRY COVE	
CITY - ST - ZIP	WOOSTER OH 44691	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, WAYNE	
STREET ADDRESS	1015 GAINESWOOD ROAD	
CITY - ST - ZIP	ANDERSON SC 29625	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEHRKE, ALBERT	
STREET ADDRESS	1735 WIMBLEDON COURT	
CITY - ST - ZIP	LAKE FOREST IL 60045	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, CHARLES	
STREET ADDRESS	58 INDIAN HILLS TRAIL	
CITY - ST - ZIP	LOUISVILLE KY 40207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

000000460631
 03/20/06-80020-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 3-6-06