


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90044 016 ****61.25

DOCUMENT # 740969			
1. Entity Name DELRAY OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1000 OCAEN TERRACE DELRAY BEACH, FL 33483 US		Mailing Address 60 VENETIAN DRIVE DELRAY BEACH, FL 33483 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>43 South Pompano Parkway</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 273</i>	
City & State		City & State <i>Pompano Beach, FL</i>	
Zip	Country	Zip	Country
		<i>33069</i>	<i>Broward</i>
6. Name and Address of Current Registered Agent		4. FEI Number 59-1783353	
SERGIO'S PROPERTY MANAGEMENT, INC. 60 VENETIAN DRIVE DELRAY BEACH, FL 33483		Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name <i>Personal Property Mgmt, Inc.</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>43 South Pompano Parkway # 273</i>			
City <i>Pompano Beach</i>		FL	
		Zip Code <i>33069</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>Robert S. Anderson, Treasurer, PPM</i>		DATE <i>4/30/07</i>	
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, 2007		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	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLER, DONALD F	NAME	
STREET ADDRESS	139 SAGAMORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY 40207	CITY-ST-ZIP	
TITLE	VDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, RONALD	NAME	
STREET ADDRESS	3238 BAYBERRY COVE	STREET ADDRESS	
CITY-ST-ZIP	WOOSTER, OH 44691	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, WAYNE	NAME	
STREET ADDRESS	1015 GAINESWOOD ROAD	STREET ADDRESS	
CITY-ST-ZIP	ANDERSON, SC 29625	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRKE, ALBERT	NAME	
STREET ADDRESS	1735 WIMBLEDON COURT	STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST, IL 60045	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CHARLES	NAME	
STREET ADDRESS	58 INDIAN HILLS TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY 40207	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 I am empowered.			
SIGNATURE: <i>Robert S. Anderson, Treasurer</i>		Date: <i>4/30/07</i> Daytime Phone #: <i>954 970 0799</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	