

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2009
Secretary of State**

DOCUMENT# 758301

Entity Name: DRIFTWOOD OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3150 OCEAN DRIVE
VERO BEACH, FL 329631954

New Principal Place of Business:

Current Mailing Address:

3150 OCEAN DRIVE
VERO BEACH, FL 329631954

New Mailing Address:

FEI Number: 59-2130838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADLET, JEANNE L.
3150 OCEAN DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANGBEHN, MYRA
Address: 1296 ST. LUCIE BLVD SE
City-St-Zip: STUART, FL

Title: D () Delete
Name: HENDERSON, CHARISSE
Address: 3150 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL

Title: STD () Delete
Name: VOLKERT, LEON
Address: 4116 N OCEAN DR
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Delete
Name: YAHN, PATRICIA,
Address: 6530 NAEFF ROAD
City-St-Zip: FAIRVIEW, PA

Title: VD () Delete
Name: MILLINER, PHYLLIS
Address: 270 FAIRWAY DR
City-St-Zip: BOWLING GREEN, KY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON VOLKERT

STD

01/15/2009

Electronic Signature of Signing Officer or Director

Date