


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90339 044 \*\*\*\*61.25

<b>DOCUMENT # 766568</b>			
1. Entity Name <b>VILLAS OF OCEAN DUNES ASSOCIATION, INC.</b>			
Principal Place of Business <b>1305 OCEAN DUNES CIRCLE JUPITER, FL 33477</b>		Mailing Address <b>1305 OCEAN DUNES CIRCLE JUPITER, FL 33477</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2430064</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>BECKER &amp; POLIAKOFF WEBER; SHARON, A, ESQ 500 AUSTRALIAN AVE., SO. SUITE 900 WEST PALM BEACH, FL 33401-5012</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DENSEN, ALLAN</b> <b>1527 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-GINA CLAYTON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>222 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CLAYTON, AVA</b> <b>222 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-CLIFF KOLF</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1221 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MECCA, MICHAEL</b> <b>1113 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T - GARY BRAYSHAW</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>213 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRAYSHAW, GARY</b> <b>213 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D - LIZ MONTGOMERY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1210 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FEE, DENNIS</b> <b>1124 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D - LINDA BROWER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1508 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-</b> <b>BROWER, LINDA</b> <b>1508 OCEAN DUNES CIRCLE</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: Michael Mecca</b>		<b>Michael Mecca 4/8/05 (561)624-2064</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**50038357**



01132005 Chg-NP CR2E037 (10/03)