
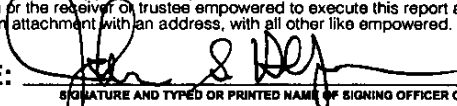


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90030 021 ****61.25

| | | | | | |
|--|-------------------------|--|---|--|--|
| DOCUMENT # 766568 | | | |  | |
| 1. Entity Name VILLAS OF OCEAN DUNES ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1305 OCEAN DUNES CIRCLE JUPITER, FL 33477 | | | Mailing Address 1305 OCEAN DUNES CIRCLE JUPITER, FL 33477 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2430064 | |
| | | | | 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 | |
| BONAN, ELIZABETH P 759 S FEDERAL HWY, SUITE 212 STUART, FL 34994 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | VD | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KOLP, CLIFF | | NAME | CHUCK TREZZA | |
| STREET ADDRESS | 1221 OCEAN DUNES CR. | | STREET ADDRESS | 1226 OCEAN DUNES CIR | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | JUPITER, FL 33477 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PAEG. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TURANO, MICHAEL L | | NAME | JOHN HOLPER | |
| STREET ADDRESS | 812 OCEAN DUNES CIRCLE | | STREET ADDRESS | 721 OCEAN DUNES CIR | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | JUPITER, FL 33477 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERCA, MICHAEL | | NAME | | |
| STREET ADDRESS | 1113 OCEAN DUNES CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORRA, DON | | NAME | | |
| STREET ADDRESS | 612 OCEAN DUNES CR | | STREET ADDRESS | | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MONTGOMERY, LIZ | | NAME | JOE LAMONTE | |
| STREET ADDRESS | 1210 OCEAN DUNES CIR | | STREET ADDRESS | 1212 OCEAN DUNES CIR | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | JUPITER, FL 33477 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TREZZA, CHUCK | | NAME | BARBARA ANTONETTI | |
| STREET ADDRESS | 1302 OCEAN DUNES CR | | STREET ADDRESS | 303 OCEAN DUNES CIR | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | CITY-ST-ZIP | JUPITER, FL 33477 | |
| 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:  | | | 2/4/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | Daytime Phone # | | |

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