


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90031 025 \*\*\*\*61.25

**DOCUMENT # N02000003472**  
 1. Entity Name  
**OCEANVIEW VILLAS ASSOCIATION OF BREVARD, INC.**



Principal Place of Business Mailing Address  
**PO BOX 33056** **200 NORTH FIRST ST.**  
**INDIALANTIC FL 32903** **COCOA BEACH FL 32931**  
**US** **US**

**50007776**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MOSLEY, CURTIS R ESQ**  
**1221 E NEW HAVEN AVE**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
 Name **Marilyn A-Rigerman**  
 Street Address (P.O. Box Number is Not Acceptable) **200 North First Street**  
**Cocoa Beach FL 32931**  
 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 *Marilyn A-Rigerman* **Marilyn A-Rigerman** **1-22-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	D	<input checked="" type="checkbox"/> Delete
NAME	CATO, DAVID A	
STREET ADDRESS	6475 HWY US 1	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CATO, SUZANNE	
STREET ADDRESS	6475 HWY US 1	
CITY-ST-ZIP	GRANT FL 32949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CATO, DAVID C	
STREET ADDRESS	6475 HWY US 1	
CITY-ST-ZIP	GRANT FL 32949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Paton	
STREET ADDRESS	1852 Cato Court	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Rice	
STREET ADDRESS	1912 Cato Court	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanne Johnston	
STREET ADDRESS	315 Reading St	
CITY-ST-ZIP	Reading, PA 19607	
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		

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.

SIGNATURE: *Bill Paton* **Bill Paton** **1-22-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #