


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004272

1. Entity Name
 OLD FLORIDA VILLAGE OWNERS' ASSOCIATION, INC.



Principal Place of Business
 3320 W COUNTY HWY 30-A
 SANTA ROSA BEACH, FL 32459

Mailing Address
 3320 W COUNTY HWY 30-A
 SANTA ROSA BEACH, FL 32459

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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3766247	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

FRANKLIN H. WATSON, P.A.
 5365 E CTY HWY 30-A STE 105
 SEAGROVE BEACH, FL 32459

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATHEWS, MAX JR 3320 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MATHEWS, MAX SR 3320 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MATHEWS, JAMES A 3320 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459
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 01/10/05-80087-025 61.25

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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: Max Mathews, Sr. SR. MAX MATHEWS, SR. 1-5-05 850-267-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #