## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2006 8:00 am Secretary of State DOCUMENT # N04000000116 04-11-2006 90105 002 \*\*\*\*61.25 OCEAN VILLAS NORTH HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 20028249 101-112 SOUTH 18TH STREET P. O. BOX 2415 FLAGLER BEACH, FL 32316 FLAGLER BEACH, FL 32136 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04092006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number APPLIED FOR City & State Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDERSON, ALISON K 10399 SPOTTED FAWN LANE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32257 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MLE DIR Delete TITLE ☐ Change ☐ Addition HENDERSON, WILLIAM R NAME NAME STREET ADDRESS 105 SOUTH 18TH STREET STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-ZIP DIR TITLE Delete TITLE BIRECTOR ☐ Change **Addition** PETE HATCH JII SIUTH 18th Atreet Flagler Brack, FL 30/36 WEAVER, KING NAME STREET ADDRESS 106 SOUTH 18TH STREET STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-ZIP DIR TITLE ☐ Defete TITLE ☐ Addition BRANCH, WILLIAM NAME NAME STREET ADDRESS 108 SOUTH 18TH STREET STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition HENDERSON, WILLIAM R NAME STREET ADDRESS 105 SOTH 18TH STREET STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BRANCH, WILLIAM STREET ADDRESS 108 SOUTH 18TH STREET STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 CiTY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

WILLIAM & HENDERSON, PKESIDENT

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