

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Feb 26, 2007 8:00 am
Secretary of State

01-25-2007 90038 044 ****61.25

DOCUMENT # N06000001656					
1. Entity Name OCEAN BAY VILLAS CONDOMINIUM ASSOCIATION, INC..					
Principal Place of Business 11027 S. OCEAN DRIVE JENSEN BEACH, FL 34957			Mailing Address 11027 S. OCEAN DRIVE JENSEN BEACH, FL 34957		
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 20-4925660	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRYAN, C. JOSEPH 11027 S. OCEAN DRIVE JENSEN BEACH, FL 34957			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRYAN, C. JOSEPH <input checked="" type="checkbox"/> Delete 11027 S. OCEAN DRIVE JENSEN BEACH, FL 34957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRYAN, SHARON H <input type="checkbox"/> Delete 11027 S. OCEAN DRIVE JENSEN BEACH, FL 34957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYAN, JAMES C <input type="checkbox"/> Delete 11027 S. OCEAN DRIVE JENSEN BEACH, FL 34957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCGUINNESS, PATRICIA 211 OCEAN BAY DRIVE JENSEN BEACH, FL 34957					
PTB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: _____ 1/23/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					