

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 010 ****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	
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) 252 OCEAN BAY DRIVE 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 D NAME MCGUINNESS, PATRICIA STREET ADDRESS 211 OCEAN BAY DR. CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE D NAME KUNKEL, JACK STREET ADDRESS 232 OCEAN BAY DRIVE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PTD NAME BRYAN, SHARON H STREET ADDRESS 11027 S. OCEAN DRIVE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE STD NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BRYAN, JAMES C STREET ADDRESS 11027 S. OCEAN DRIVE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE PD NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____ CITY-ST-ZIP _____	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					