



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

05-04-2004 90122 025 ****61.25

DOCUMENT # N31770					
1. Entity Name OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC					
Principal Place of Business 635 FLAMINGO DR CLUB HOUSE ORMOND BEACH, FL 32176 US		Mailing Address 635 FLAMINGO DR CLUB HOUSE ORMOND BEACH, FL 32176 US		<p>66431554</p>  <p>04282004 Chg-NP CR2E037 (10/03)</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3054145	Applied For Not Applicable
6. Name and Address of Current Registered Agent HULL, CHERIE L 768-A FLAMINGO DRIVE ORMOND BEACH, FL 32176				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: Clayton & McCulloch Street: 1005 Naitland Cir Commons Blvd City: Naitland, FL 32151 FL					
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: RUSSELL E. KLEMM, ESQ. <i>[Signature]</i> DATE: 8/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD CARDINAL, THEODORE P O BOX 2010 ORMOND BEACH, FL 321752010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD Cardinal Theodore PO Box 2010 Ormond Beach FL 32175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Schulteis Janice 5946 Dashwood Drive Bethel Park PA 15102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD SCHULTHEIS, JANICE 5946 DASHWOOD DRIVE BETHEL PARK, PA 15102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Madden Cass 843 Riverside Drive Ormond Beach FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DiGregorio Frank 22 Anthony Lane Holbrook NY 11741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HULL, CHERIE L 768-A FLAMINGO DR. ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kawaki Theresa 84-B Cardinal Drive Ormond Beach FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, CARY 1970 ANTIOCH RD. CUMMING, GA 30040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: <i>[Signature]</i>			Date: 4-28-04		Daytime Phone #: 386-760-6000

Attachment
66431554



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 19, 2004

OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC
635 FLAMINGO DR
CLUB HOUSE
ORMOND BEACH, FL 32176 US

Subject: OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC

Reference Number: N31770

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC
ANNUAL REPORTS SECTION

RECEIVED
5/21/04
MR