


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90048 033 ****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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 22-3054145			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CLAYTON & MCCULLOH 1065 MAITLAND CTR COMMONS BLVD MAITLAND, FL 32751			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 _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2005		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	PDS	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARDINAL, THEODORE		NAME	Truster, Carl			
STREET ADDRESS	P O BOX 2010		STREET ADDRESS	285 Wilbert Street			
CITY-ST-ZIP	ORMOND BEACH, FL 321752010		CITY-ST-ZIP	Washington, PA 15301			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHULTHEIS, JANICE		NAME	Kelley, Patrick			
STREET ADDRESS	5946 DASHWOOD DRIVE		STREET ADDRESS	777A Flamingo Drive			
CITY-ST-ZIP	BETHEL PARK, PA 15102		CITY-ST-ZIP	Ormond Beach, FL 32176			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADDEN, CASS		NAME				
STREET ADDRESS	843 RIVERSIDE DR		STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIGREGONIO, FRANK		NAME				
STREET ADDRESS	22 ANTHONY LN		STREET ADDRESS				
CITY-ST-ZIP	HOLBROOK, NY 11741		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOWALSKI, THERESA		NAME				
STREET ADDRESS	64-B CARDINAL DR		STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Voigt, Jim			
STREET ADDRESS			STREET ADDRESS	P.O. Box 530344			
CITY-ST-ZIP			CITY-ST-ZIP	Livonia, MI 48153			
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>Mandi A. Rain, CHM</i>			Date: <i>3/18/05</i>		Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							