


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

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90001 038 \*\*\*\*61.25

<b>DOCUMENT # N31770</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 22-3054145 Applied For Not Applicable	
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 CIR COMMONS BLVD MAITLAND, FL 32751			Name <i>All Florida Realty Service, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>152 Bidgewood Ave</i> City <i>Holly Hill</i> <del>Orlando</del> FL Zip Code <i>32117</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUSLER, CARL		NAME		
STREET ADDRESS	285 WILBERT STREET		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, PA 15301		CITY-ST-ZIP		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLEY, PATRICK		NAME		
STREET ADDRESS	777A FLAMINGO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARMSTRONG, REBECCA		NAME		
STREET ADDRESS	10313 CAROINAL DR		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAVELLO, RAY		NAME		
STREET ADDRESS	2613 ORIOLE CIR		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAINS, MARISA		NAME		
STREET ADDRESS	ALL FLA REALTY PROPERTY MGR		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP		
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 empowerments.					
SIGNATURE: <i>OK MR</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Mr. Manuel A. Reina</i>		Date: <i>380-760-0000</i> Daytime Phone #	