
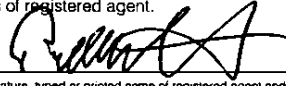
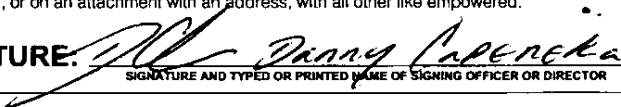


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90001 006 ****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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ALL FLORIDA REALTY SERVICE, INC. 152 RIDGEWOOD AVE. HOLLY HILL, FL 32117 | | Name <i>Harvey PROPERTIES DBA HART & ASSOC. REALTY</i> Street Address (P.O. Box Number is Not Acceptable) <i>146 S. ATLANTIC AVE</i> City <i>Ormond Beach</i> FL Zip Code <i>32176</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  | | SIGNATURE <i>PAUL HART</i> DATE <i>6-10-08</i> | |
| 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 September 12, 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 NAME STREET ADDRESS CITY-ST-ZIP | PD TRUSLER, CARL 285 WILBERT STREET WASHINGTON, PA 15301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT KELLEY, PATRICK 777A FLAMINGO DRIVE ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARMSTRONG, REBECCA 10313 CAROINAL DR ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAVELLO, RAY 2613 ORIOLE CIR ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOWALSKI, THERESA 64-B CARDINAL DR ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RAINS, MARISA ALL FLA REALTY PROPERTY MGR HOLLY HILL, FL 32117 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>SECRETARY</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Danny CAPENEKA</i> <i>146 S. ATLANTIC AVE</i> <i>ORMOND BEACH FL 32176</i> |
| 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  | | DATE <i>6-10-08</i> DAYTIME PHONE # <i>386-615-0789</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

