

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N31770

Entity Name: OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

635 FLAMINGO DR
CLUB HOUSE
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

635 FLAMINGO DR
CLUB HOUSE
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 22-3054145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARWAY PROPERTIES DBA HART & ASSOC REALTY
146 S ATLANTIC AVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRUSLER, CARL
Address: 285 WILBERT STREET
City-St-Zip: WASHINGTON, PA 15301

Title: DVT () Delete
Name: KELLEY, PATRICK
Address: 777A FLAMINGO DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: ARMSTRONG, REBECCA
Address: 10313 CAROINAL DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: CAVELLO, RAY
Address: 2613 ORIOLE CIR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: KOWALSKI, THERESA
Address: 64-B CARDINAL DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: S () Delete
Name: CAPENEKA, DANNY
Address: 146 S ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY CAPENEKA

S

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date