

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90028 043 \*\*\*\*61.25

<b>DOCUMENT # N99000002694</b>					
<b>1. Entity Name</b> OCEAN VILLAS CONDOMINIUM ASSOCIATION OF TEQUESTA, INC.					
<b>Principal Place of Business</b> 225 BEACH ROAD TEQUESTA, FL 33469			<b>Mailing Address</b> 1930 COMMERCE LANE STE 1 JUPITER, FL 33458		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0929113	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
INGLIS, STEVE 1930 COMMERCE LANE STE 1 JUPITER, FL 33458			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DS <b>NAME</b> VAN ERNT, ALLEN <b>STREET ADDRESS</b> 225 BEACH RD #402 <b>CITY - ST - ZIP</b> TEQUESTA, FL 33469	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> MCCARTAN, THOMAS <b>STREET ADDRESS</b> 225 BEACH ROAD, UNIT 505 <b>CITY - ST - ZIP</b> TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> ANDERSON, BOBBIE <b>STREET ADDRESS</b> 225 BEACH ROAD #504 <b>CITY - ST - ZIP</b> TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> MACKIN, JOHN <b>STREET ADDRESS</b> 225 BEACH RD #602 <b>CITY - ST - ZIP</b> TEQUESTA, FL 33469	<input type="checkbox"/> Delete				
<b>TITLE</b> DP <b>NAME</b> FONS, MICHAEL <b>STREET ADDRESS</b> 225 BEACH ROAD #305 <b>CITY - ST - ZIP</b> TEQUESTA, FL 33469	<input type="checkbox"/> Delete				
<b>TITLE</b> DT <b>NAME</b> MORSE, RICHARD <b>STREET ADDRESS</b> 18577 SE FEDERAL HWY <b>CITY - ST - ZIP</b> TEQUESTA, FL 33469	<input type="checkbox"/> Delete				
<b>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.</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> COLVIN ROBERT 225 BEACH ROAD #605 TEQUESTA, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/24/08 Daytime Phone #: 561-575-3551					