2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002488

FILED Apr 30, 2005 Secretary of State

Entity Name: OCEAN VILLAGE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

231 CARDINAL DR

ORMOND BEACH, FL 32176 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2180

ORMOND BEACH, FL 32175 US

FEI Number: 59-3604782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUDIANSKY, MARK H PATERNITI, EDWARD

1774 JOHN ÁNDERSON DR PO BOX 2180

ORMOND BEACH, FL 32176 US ORMOND BEACH, FL 32175 US

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: EDWARD PATERNITI 04/30/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

Name: BUDIANSKY, MARK H Name: PATERNITI, EDWARD

Address: P.O. BOX 2180 Address: P.O. BOX 2180

City-St-Zip: ORMOND BEACH, FL 32175 City-St-Zip: ORMOND BEACH, FL 32175

Title: VPD () Delete Title: () Change () Addition

 Name:
 LEWIS, RAYNE
 Name:

 Address:
 242A NORHTSHORE DRIVE
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32176
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 MEYERS, PAM
 Name:

 Address:
 242B NORTHSHORE DRIVE
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32176
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD PATERNITI PTD 04/30/2005