

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762192

FILED
Jan 12, 2006
Secretary of State

Entity Name: OCEAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

101 OCEAN LANE DRIVE,
#102
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

101 OCEAN LANE DRIVE,
#102
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-2261280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWD, JAMES M
101 OCEAN LANE DR, APT
102
KEY BISCAYNE, FL 33149 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: VP () Delete
Name: RAPHALEY, TOD
Address: 101 OCEAN LANE DR #2012
City-St-Zip: KEY BISCAYNE, FL 33144

Title: D () Delete
Name: SIDONS, THOMAS
Address: 55 OCEAN LANE DR #2027
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: GRIEVE, CATHERINE
Address: 55 OCEAN LANE DR # 4018
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: GROTTA, JOHN
Address: 101 OCEAN LANE DR # 1016
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: SILVA NETO, DOMINGOS
Address: 55 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RAPHALEY, TOD
Address: 101 OCEAN LANE DR #2012
City-St-Zip: KEY BISCAYNE, FL 33144

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 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: TOD RAPHAELY

D

01/12/2006

Electronic Signature of Signing Officer or Director

Date