

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002488

FILED  
Apr 06, 2007  
Secretary of State

**Entity Name:** OCEAN VILLAGE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

231 CARDINAL DR  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2180  
ORMOND BEACH, FL 32175 US

**New Mailing Address:**

PO 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:**

PATERNITI, EDWARD  
PO BOX 2180  
ORMOND BEACH, FL 32175 US

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

PATERNITI, EDWARD  
555 W GRANADA BLVD C10  
ORMOND BEACH, FL 32176 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:

04/06/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PATERNITI, EDWARD  
Address: P.O. BOX 2180  
City-St-Zip: ORMOND BEACH, FL 32175

Title: VPD ( ) Delete  
Name: LEWIS, RAYNE  
Address: 242A NORHTSHORE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD ( ) Delete  
Name: MEYERS, PAM  
Address: 242B NORTHSHORE DRIVE  
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:

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: EDWARD D PATERNITI

TRES

04/06/2007

Electronic Signature of Signing Officer or Director

Date