2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 23, 2007 8:00 am Secretary of State

						07-23-20	07 90036	006 ****	*61.25	
DOCUMENT # 762192 1. Entity Name OCEAN VILLAGE CONDOMINIUM ASSOCIATION, INC.									01.20	
Principal Place of Business 101 OCEAN LANE DRIVE, #102 KEY BISCAYNE, FL 33149		Mailing Address 101 OCEAN LANE DRIVE, #102 KEY BISCAYNE, FL 33149			401	56342				
KET DISONTHE		THE PROGRAMME, FE GOTTO								
2. Principal Place of Business - No P.O. Box # 101 OCEAN LANE DR.		3. Mailing Address PO BOX COAAA								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07032007 C	Chg-NP	CR2E00	37 (12/06)		
City & State KEY BISCAYNE FL		City & State KEY BISCAYNE, FL			4. FEI Number 59-22612	80		<u> </u>	oplied For ot Applicable	
33149	MIAMI-IDADE		ountry AMI · D	ADÉ	5. Certificate of 8	Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and Ad					
DOWD, JAMES M 101 OCEAN LANE DR, APT				Name PANDALL & ROCIER ASSOCIATES, PA Street Address (P.O. Box Number is Not Acceptable)						
101 OCEAN LANE DR, APT 102 KEY BISCAYNE, FL 33149			62	1 1/1	N 53 19 SH	reet, Si	nite 30	0		
					enten	L	FL	Zip Coo	\$ 7	
	named entity submits this statement for lons of registered agent.	the purpose of changing its regist				n the State of	Florida. I am	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regis	tered Agent signatu	required) when reinstating)		DATE			
	Signature, typed or printed name of registered agents Filling Fee is \$61.25 ue by September 14, 2007	9. Election Campaig Trust Fund Contrib	n Financing	yre required	\$5.00 May Be Added to Fees	F	Make chec			
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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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR