
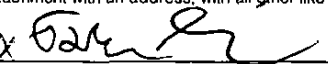


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-23-2007 90036 006 ****61.25

DOCUMENT # 762192 1. Entity Name OCEAN VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 101 OCEAN LANE DRIVE, #102 KEY BISCAVNE, FL 33149		Mailing Address 101 OCEAN LANE DRIVE, #102 KEY BISCAVNE, FL 33149	
2. Principal Place of Business - No P.O. Box # 101 OCEAN LANE DR.		3. Mailing Address PO BOX 0000	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State KEY BISCAVNE, FL		City & State KEY BISCAVNE, FL	
Zip 33149		Zip 33149	
Country MIAMI-DADE		Country MIAMI-DADE	
6. Name and Address of Current Registered Agent DOWD, JAMES M 101 OCEAN LANE DR, APT 102 KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name RANDALL K ROGER ASSOCIATES, PA Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd Street, Suite 300 City BOCA RATON	
State FL		Zip Code 33487	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPHALEY, TOD 101 OCEAN LANE DR #2012 KEY BISCAVNE, FL 33144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D SIDDONS, THOMAS 55 OCEAN LANE DR #2027 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete	D ROBERT DIAZ 101 OCEAN LANE DR #2017 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D GRIEVE, CATHERINE 55 OCEAN LANE DR # 4018 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete	D GROTTA, JOHN 101 OCEAN LANE DR # 1016 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SILVA NETO, DOMINGOS 55 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete	D SILVA NETO, DOMINGOS 55 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SILVA NETO, DOMINGOS 55 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete	D SILVA NETO, DOMINGOS 55 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SILVA NETO, DOMINGOS 55 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete	D SILVA NETO, DOMINGOS 55 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		7/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40126395



07032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2261280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWD, JAMES M
101 OCEAN LANE DR, APT
102
KEY BISCAVNE, FL 33149

Name
RANDALL K ROGER ASSOCIATES, PA

Street Address (P.O. Box Number is Not Acceptable)

621 NW 53rd Street, Suite 300

City
BOCA RATON

FL

Zip Code
33487

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAPHALEY, TOD
101 OCEAN LANE DR #2012
KEY BISCAVNE, FL 33144

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIDDONS, THOMAS
55 OCEAN LANE DR #2027
KEY BISCAVNE, FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRIEVE, CATHERINE
55 OCEAN LANE DR # 4018
KEY BISCAVNE, FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GROTTA, JOHN
101 OCEAN LANE DR # 1016
KEY BISCAVNE, FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILVA NETO, DOMINGOS
55 OCEAN LANE DRIVE
KEY BISCAVNE, FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILVA NETO, DOMINGOS
55 OCEAN LANE DRIVE
KEY BISCAVNE, FL 33149

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBERT DIAZ
101 OCEAN LANE DR #2017
KEY BISCAVNE, FL 33149

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #