

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766849

Entity Name: OCEAN HARBOUR VILLAS OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4225 N. HIGHWAY A1A
VILLA #19
FORT PIERCE, FL 34949**Current Mailing Address:**4225 N. HIGHWAY A1A
VILLA #19
FORT PIERCE, FL 34949 US**FEI Number:** 59-2229615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILLILAND, LEWIS E.
4225 N. HIGHWAY A1A
VILLA #19
FORT PIERCE, FL 34949 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:** LEWIS E. GILLILAND

03/17/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PRINS, SCOTT
Address	4225 N. HIGHWAY A1A VILLA #22
City-State-Zip:	FORT PIERCE FL 34949

Title	VP
Name	FRANKO, MARIAN
Address	4235 N. HIGHWAY A1A VILLA #10
City-State-Zip:	FORT PIERCE FL 34949

Title	VP
Name	KLAS, KENNETH H.
Address	4225 N. HIGHWAY A1A VILLA #23
City-State-Zip:	FORT PIERCE FL 34949

Title	SECRETARY
Name	SMITH, CHERYL
Address	4235 N. HIGHWAY A1A VILLA #13
City-State-Zip:	FORT PIERCE FL 34949

Title	TREASURER
Name	GILLILAND, LEWIS E.
Address	4225 N. HIGHWAY A1A VILLA #19
City-State-Zip:	FORT PIERCE FL 34949

I hereby 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 all other like empowered.

SIGNATURE: LEWIS E GILLILAND

TREASURER

03/17/2014

Electronic Signature of Signing Officer/Director Detail

Date