

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000116

Entity Name: OCEAN VILLAS NORTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**101-112 SOUTH 18TH STREET
FLAGLER BEACH, FL 32316**Current Mailing Address:**P. O. BOX 2415
FLAGLER BEACH, FL 32136 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENDERSON, ALISON K
10399 SPOTTED FAWN LANE
JACKSONVILLE, FL 32257 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR
Name	GILBERT, KATHLEEN
Address	106 SOUTH 18TH STREET
City-State-Zip:	FLAGLER BEACH FL 32136

Title	DIR
Name	FULLER, RUBY
Address	111 S 18TH ST
City-State-Zip:	FLAGLER BEACH FL 32136

Title	DIR
Name	BRANCH, WILLIAM
Address	108 SOUTH 18TH STREET
City-State-Zip:	FLAGLER BEACH FL 32136

Title	P
Name	FISHBEIN, STEVE
Address	101 SOUTH 18TH STREET
City-State-Zip:	FLAGLER BEACH FL 32136

Title	VP
Name	BRANCH, WILLIAM
Address	108 SOUTH 18TH STREET
City-State-Zip:	FLAGLER BEACH FL 32136

Title	SECT
Name	HENDERSON, ALISON K
Address	105 SOUTH 18TH STREET
City-State-Zip:	FLAGLER BEACH FL 32136

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: ALISON K. HENDERSON**SECRETARY****03/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date