

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001656

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC7515053898**

**Entity Name:** OCEAN BAY VILLAS CONDOMINIUM ASSOCIATION, INC..

**Current Principal Place of Business:**

1111 SE FEDERAL HWY.  
SUITE 100  
STUART, FL 34994

**Current Mailing Address:**

1111 SE FEDERAL HWY.  
SUITE 100  
STUART, FL 34994

**FEI Number:** 20-4925660

**Certificate of Status Desired:** No

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

ROSS, DEBORAH L  
789 S. FEDERAL HWY  
SUITE 101  
STUART, FL 34994 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 PD  
Name BATSON, TOD  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title VPD  
Name NORRIS, JAMES  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title D  
Name BRYAN, JAMES  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title D  
Name BRYAN, SHARON  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title STD  
Name SCHRADER, JENNIFER  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

*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:** TOD BATSON

**PRESIDENT**

**04/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date