2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90238 001 *1,350.00

DOCUMENT # 326421

1. Entity Name
MEWS SOUTH INC
Villas

Principal Place of Business	Mailing Address
6833 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435	6833 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1286220 — 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
FARR, MARY LOU 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	Name: HARRISON, CAROL GENERAL MANAGER Street Address (P.O. Box Number is Not Acceptable): OCEAN RIDGE MANAGEMENT, INC. 6849 N. OCEAN BLVD. City: OCEAN RIDGE FL Zip Code: 33435

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: OCEAN RIDGE MANAGEMENT, INC. CAROL HARRISON GENERAL MANAGER 4-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D Change ☐ Delete		TITLE: DIRECTOR ☐ Change ☒ Addition	
NAME: AALFS, JOHN		NAME: FLINK, ROBERT (MRS)	
STREET ADDRESS: 6849 N. OCEAN BLVD.		STREET ADDRESS: 6849 N. OCEAN BLVD.	
CITY-ST-ZIP: ~~BOYNTON BEACH~~ OCEAN RIDGE FL 33435		CITY-ST-ZIP: OCEAN RIDGE, FL 33435	
TITLE: T ☒ Delete		TITLE: TREASURER + DIRECTOR ☐ Change ☒ Addition	
NAME: SHIPKA, RONALD		NAME: YOUNG, DONALD	
STREET ADDRESS: 6849 N OCEAN BLVD		STREET ADDRESS: 6849 N. OCEAN BLVD.	
CITY-ST-ZIP: OCEAN RIDGE, FL 33435		CITY-ST-ZIP: OCEAN RIDGE, FL 33435	
TITLE: S ☒ Delete		TITLE: SECRETARY ☐ Change ☒ Addition	
NAME: FARR, MARY LOU		NAME: ANDRAS, JOAN	
STREET ADDRESS: 6849 N OCEAN BLVD		STREET ADDRESS: 6849 N. OCEAN BLVD.	
CITY-ST-ZIP: OCEAN RIDGE, FL		CITY-ST-ZIP: OCEAN RIDGE, FL 33435	
HANGE TITLE: P + DIRECTOR ☐ Delete		TITLE: DIRECTOR ☒ Change ☐ Addition	
NAME: MACKECHNIE, ANDREW		NAME: SHIPKA, RONALD	
STREET ADDRESS: 6849 N OCEAN BLVD		STREET ADDRESS: 6849 N. OCEAN BLVD.	
CITY-ST-ZIP: OCEAN RIDGE, FL 33435		CITY-ST-ZIP: OCEAN RIDGE FL 33435	
TITLE: D ☒ Delete		TITLE: PRESIDENT + DIRECTOR ☒ Change ☐ Addition	
NAME: FERRIS, MARTHAS		NAME: MACKECHNIE, ANDREW	
STREET ADDRESS: 6849 N OCEAN BLVD.		STREET ADDRESS: 6849 N. OCEAN BLVD.	
CITY-ST-ZIP: OCEAN RIDGE, FL 33435		CITY-ST-ZIP: OCEAN RIDGE, FL 33435	
TITLE: D ☐ Delete		TITLE: DIRECTOR ☒ Change ☐ Addition	
NAME: NOLTE, H E		NAME: AALFS, JOHN	
STREET ADDRESS: 6849 N OCEAN BLVD		STREET ADDRESS: 6849 N. OCEAN BLVD.	
CITY-ST-ZIP: OCEAN RIDGE, FL 33435		CITY-ST-ZIP: OCEAN RIDGE, FL 33435	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Joan Andras JOAN ANDRAS 4-23-04 561-737-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SECRETARY
OCEAN RIDGE MANAGEMENT, INC.