


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 <i>Villas</i>			
Principal Place of Business 6833 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435		Mailing Address 6833 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1286220		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>HARRISON, CAROL GENERAL MANAGER</i> Street Address (P.O. Box Number is Not Acceptable) <i>OCEAN RIDGE MANAGEMENT, INC.</i> <i>6849 N. OCEAN BLVD.</i> City <i>OCEAN RIDGE</i> FL Zip Code <i>33435</i>	
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. <i>OCEAN RIDGE MANAGEMENT, INC.</i>			
SIGNATURE <i>Carol Harrison</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4-23-04</i> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AALFS, JOHN <i>Change</i> 6849 N. OCEAN BLVD. BOYNTON BEACH, FL 33435 <i>OCEAN RIDGE</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FLINK, ROBERT (MRS.) 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIPKA, RONALD <input checked="" type="checkbox"/> Delete 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER + DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YOUNG, DONALD 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARR, MARY LOU <input checked="" type="checkbox"/> Delete 6849 N OCEAN BLVD OCEAN RIDGE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDRAS, JOAN 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P + DIRECTOR <input type="checkbox"/> Delete MACKECHNIE, ANDREW <i>W</i> 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIPKA, RONALD 6849 N. OCEAN BLVD. OCEAN RIDGE FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIS, MARTHAS <input checked="" type="checkbox"/> Delete 6849 N OCEAN BLVD. OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MACKECHNIE, ANDREW 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLTE, H E <input type="checkbox"/> Delete 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AALFS, JOHN 6849 N. OCEAN BLVD. 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)(f), 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: <i>Joan Andras</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4-23-04</i> Daytime Phone # <i>561-737-6770</i>	
<i>SECRETARY</i> OCEAN RIDGE MANAGEMENT, INC.			