

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90410 025 ****61.25

DOCUMENT # 712716 1. Entity Name OCEAN TRAIL HOMEOWNERS, INC.					
Principal Place of Business 402 HIBISCUS TRAIL MELBOURNE BEACH, FL 32951-2084 US				Mailing Address 402 HIBISCUS TRAIL MELBOURNE BEACH, FL 32951-2084 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAUGHNAN, DOLORES C 402 HIBISCUS TRAIL MELBOURNE BEACH, FL 32951-2084				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNER, PENNY 309 HIBISCUS TRL MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANGELO, JAMES 312 OAK STREET MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, RAY 308 OAK ST MELBOURNE, FL 32951 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, MARCELLA 308 OAK STREET MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAUGHNAN, DOLORES C 402 HIBISCUS TRAIL MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARFCANT, RICHARD 304 OAK STREET MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUTHERFORD, BABETTE 400 HIBISCUS TRAIL MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCANT, CONNIE 304 OAK ST MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <u>Dolores C. Faughnan</u> Dolores C. Faughnan, Treas.					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/20/06 (321) 724-0541 <small>Date Daytime Phone #</small>	