
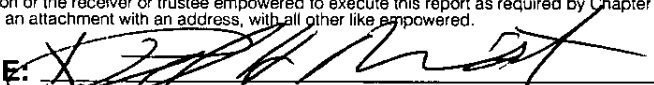


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90970 015 ****61.25

DOCUMENT # 722280 1. Entity Name OCEAN REEF VILLAS ASSOCIATION, INC.					
Principal Place of Business 1571 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169-3151			Mailing Address 728 W CANAL STREET NEW SMYRNA BEACH, FL 32168-6903		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LYBRAND, CYNTHIA M 728 W CANAL STREET NEW SMYRNA BEACH, FL 32168				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input checked="" type="checkbox"/> D COBB, GERALD 21552 WYGUL RD UMATILLA, FL 32784		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Director Gerald Cobb	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> S WADDELL, LAURA 1050 BAYLSTON STREET LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Mike Burlington 4 Springbrook Rd Rockford, IL 6114-6876	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> P JOY, NOLAN 35652 QUAIL RUN LEESBURG, FL 347882962		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Phil Hembdt 205 Boston Rd. Wilbraham, MA 01095	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> T BALTE, JOHN P.O. BOX 1111 COUPEVILLE, WA 982301111		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> COLLINGTON, FRED 2040 MOHICAN TRL. MAITLAND, FL 327513703		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> V.P Fred Collington	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> DURA, JULIE 2618 E LOMBARD ST. DAVENPORT, IA 52803		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Secretary Julie Dura	
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 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: 			4/28/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>					