

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90337 003 \*\*\*\*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

40072589



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1456055

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

LYBRAND, CYNTHIA M  
728 W CANAL STREET  
NEW SMYRNA BEACH, FL 32168

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 D ☒ Delete  
NAME COBB, GERALD  
STREET ADDRESS 21552 WYGUL RD  
CITY-ST-ZIP UMATILLA, FL 32784

TITLE Director ☐ Change ☒ Addition  
NAME Melynda Johnson  
STREET ADDRESS 1571 S. Atlantic Ave, #305  
CITY-ST-ZIP New Smyrna Bch, FL 32169

TITLE D ☐ Delete  
NAME BURLINGTON, MIKE  
STREET ADDRESS 4 SPRINGBROOK RD  
CITY-ST-ZIP ROCKFORD, IL 611146876

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME HEMBDT, PHIL  
STREET ADDRESS 205 BOSTON RD  
CITY-ST-ZIP WILBRAHAM, MA 01095

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME BOLTE, JOHN  
STREET ADDRESS P.O. BOX 1111  
CITY-ST-ZIP COUPEVILLE, WA 982301111

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME COLLINGTON, FRED  
STREET ADDRESS 2040 MOHICAN TRL.  
CITY-ST-ZIP MAITLAND, FL 327513703

TITLE Vice-Pres ☐ Change ☒ Addition  
NAME Nolan Joy  
STREET ADDRESS 35652 Quail Run  
CITY-ST-ZIP Leesburg, FL 34788-2962

TITLE S ☐ Delete  
NAME DURA, JULIE  
STREET ADDRESS 2618 E LOMBARD ST.  
CITY-ST-ZIP DAVENPORT, IA 52803

TITLE ☐ Change ☐ Addition  
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: *[Signature]* Pres.

4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #