# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 01, 2007 8:00 am**
**Secretary of State**
03-01-2007 90013 031 ****61.25

DOCUMENT # 722280

1. Entity Name
OCEAN REEF VILLAS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1571 SOUTH ATLANTIC AVENUE<br>NEW SMYRNA BEACH, FL 32169-3151 | 728 W CANAL STREET<br>NEW SMYRNA BEACH, FL 32168-6903 |

01042007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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<br>728 W CANAL STREET<br>NEW SMYRNA BEACH, FL 32168 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | X<br>JOHNSON, MELYNDA<br>1571 SOUTH ATLANTIC AVE SUITE 305<br>NEW SMYRNA BEACH, FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURLINGTON, MIKE<br>4 SPRINGBROOK RD<br>ROCKFORD, IL 611146876 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Richard Alexander<br>8 Scharbach Dr<br>Marcy, NY 13403-2351 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HEMBDT, PHIL<br>205 BOSTON RD<br>WILBRAHAM, MA 01095 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice Pres<br>Neal Scheck<br>25 Shepherd Dr<br>Wanaque, NJ 07465-1061 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BOLTE, JOHN<br>P.O. BOX 1111<br>COUPEVILLE, WA 982301111 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Wm. Dura<br>2618 E. Lombard St.<br>Davenport, IA 52803 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>JOY, NOLAN<br>35652 QUAIL RUN<br>LEESBURG, FL 347882962 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Dan McNeely<br>715 Hanover Ct<br>Lakeland, FL 33813 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DURA, JULIE<br>2618 E LOMBARD ST.<br>DAVENPORT, IA 52803 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Lee-Ann Benischek<br>3103 Silver Oak Trail<br>Marion, IA 52302-9386 | ☐ Change ☒ Addition |

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:** Melynda S Johnson 2/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #