

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90201 030 ****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**

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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

04182008 Chg-NP CR2E037 (12/06)

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, 2008**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MELYNDA	
STREET ADDRESS	1571 SOUTH ATLANTIC AVE SUITE 305	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, RICHARD	
STREET ADDRESS	8 SCHARBACK DR	
CITY-ST-ZIP	MARCY, NY 13403	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHECK, NEAL	
STREET ADDRESS	25 SHEPARD DR	
CITY-ST-ZIP	WANAQUE, NJ 07465	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEALY, DAN	
STREET ADDRESS	715 HANOVER CT	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENISCHEK, LEE-ANN	
STREET ADDRESS	3103 SILVER OAK TRAIL	
CITY-ST-ZIP	MARION, IA 52302	
TITLE	S	<input type="checkbox"/> Delete
NAME	DURA, WM	
STREET ADDRESS	2618 E LOMBARD ST.	
CITY-ST-ZIP	DAVENPORT, IA 52803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nolan Joy	
STREET ADDRESS	35652 Quail Run	
CITY-ST-ZIP	Leesburg, FL 34788-2962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Nolan Joy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08

352-589-0582