

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722280

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: OCEAN REEF VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

1571 SOUTH ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 321693151

**New Principal Place of Business:**

**Current Mailing Address:**

728 W CANAL STREET  
NEW SMYRNA BEACH, FL 321686903

**New Mailing Address:**

FEI Number: 59-1456055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NOLAN, JOY  
Address: 35652 QUAIL RUN  
City-St-Zip: LEESBURG, FL 347882962

Title: D ( ) Delete  
Name: ALEXANDER, RICHARD  
Address: 8 SCHARBACK DR  
City-St-Zip: MARCY, NY 13403

Title: VP ( ) Delete  
Name: SCHECK, NEAL  
Address: 25 SHEPARD DR  
City-St-Zip: WANAQUE, NJ 07465

Title: D ( ) Delete  
Name: MCNEALY, DAN  
Address: 715 HANOVER CT  
City-St-Zip: LAKE LAND, FL 33813

Title: S (X) Delete  
Name: BENISCHEK, LEE-ANN  
Address: 3103 SILVER OAK TRAIL  
City-St-Zip: MARION, IA 52302

Title: S (X) Delete  
Name: DURA, WM  
Address: 2618 E LOMBARD ST.  
City-St-Zip: DAVENPORT, IA 52803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BOLTE, JOHN  
Address: P O BOX 1111  
City-St-Zip: COUPEVILLE, WA 982391111

Title: S (X) Change ( ) Addition  
Name: BENISCHEK, LEE ANN  
Address: 3103 SILVER OAK TRAIL  
City-St-Zip: MARION, IA 52302

Title: VP (X) Change ( ) Addition  
Name: MCNEELEY, DAN  
Address: 715 HANOVER CT  
City-St-Zip: LAKE LAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BOLTE

T

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date