

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 722714
1. Entity Name
OCEANSIDE VILLAS ASSOCIATION, INC.



Principal Place of Business
**5000 OCEAN BEACH BLVD.
COCOA BCH FL 32931**

Mailing Address
**5000 OCEAN BEACH BLVD.
COCOA BCH FL 32931**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

1st MOORE CR2E037 (10/05)

4. FEI Number
59-1512408

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BOLLAS, RICHARD
200 NORTH FIRST ST
COCOA BCH FL 32931**

7. Name and Address of New Registered Agent
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 renewing)

**FILE NOW: 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

TITLE	PD	☐ Delete
NAME	STEELE, JONI	
STREET ADDRESS	5000 OCEAN BEACH BLVD 14B	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VPD	☐ Delete
NAME	DURAN, DICK	
STREET ADDRESS	5000 OCEAN BEACH BLVD 1C	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	☐ Delete
NAME	ECKERT, SHIRLEY	
STREET ADDRESS	5000 OCEAN BEACH BLVD 12B	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE	SD	☐ Delete
NAME	DONOVAN, CHRIS	
STREET ADDRESS	5000 OCEAN BEACH BLVD 11B	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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 Section 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: *Joni Steele* *PD* *5000 Ocean Beach Blvd* *Cocoa Beach FL 32931*