## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT .

## FILED Feb 23, 2007 8:00 am Secretary of State

DOCUMENT # 722714  1. Entity Name OCEANSIDE VILLAS ASSOCIATION, INC.					02-23-2007 90036 036 ****61.25			
Principal Plac 5000 OCEAN COCOA BCH,	Beach Blvd.		ailing Address 1000 OCEAN BEACH BLVD. OCOA BCH, FL 32931					
			Was Addison					
Principal Place of Business - No P.O. Box #     3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122007 Chg	g-NP C	R2E037 (12/06)	
City & State		City & State			4. FEI Number	······································	<del> -</del> -	plied For
Zip Country		Zip Cou		ry	59-1512408 Not Applicat			
6 Name and Address 46 and					Certificate of Status Desired  Fee Required  7. Name and Address of New Registered Agent			
ļ	6. Name and Address of Current	Registered Agent		Name	7. Name and Addre	ss of New Regis	tered Agent	
BOLLAS, RICHARD 200 NORTH FIRST ST COCA BCH, FL 32931				Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Code	•
	named entity submits this statement for	the purpose of changing i	ts registered	office or registe	ered agent, or both, in the	ne State of Florida		and accept
ine obligat	ions of registered agent.							
SIGNATURE .	<u></u>							
	Signature, typed or printed name of registered agent a	and title if applicable (NC	OTE: Registered A	gent signature require	ed when reinstating)		DATE	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ampaign Fina I Contribution	paign Financing \$5.00 May Be ntribution. Added to Fees Added to Fees Florida Department of State				
10.	OFFICERS AND DIF		11.	· ·	ADDITIONS/CHANGE	S TO OFFICERS A		
NAME	STEELE, JONI	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	5000 OCEAN BEACH BLVD 148 COCOA BEACH, FL 32931	18	STREET A	ADDRESS				
TITLE	VPD	☐ Delete	TITLE	1-20			☐ Change	☐ Addition
NAME AVDÉET LOODEGO	DURAN, DICK		NAME					
STREET ADDRESS CITY-ST-ZIP	5000 OCEAN BEACH BLVD 1C COCOA BEACH, FL 32931		CITY-ST	ADDRESS 1-ZIP				
TITLE	TD	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	ECKERT, SHIRLEY 5000 OCEAN BEACH BLVD 12B		NAME STREET	ADDRESS				
CITY-ST-ZIP	COCOA BCH, FL 32931		CHTY-ST					
TITLE	SD	☐ Delete	TITLE	DIRE	ECTOR L KEAM		☐ Change	Addition
NAME STREET ADDRESS	DONOVAN, CHRIS 5000 OCEAN BEACH BLVD 11B		NAME CTREET	ADDRESS 5000	OCEAN BEAL	H BLYD,	∍ <i>B</i>	
CITY+ST-ZIP	COCOA BEACH, FL 32931		CITY-ST	I-ZIP COC.	A BEACH, FL	、 32 <i>9</i> 3/		
TITLE		☐ Delete	TITLE		ECTOR		☐ Change	Addition
NAME STREET ADDRESS			NAME	ADDRES COA	O SHEPARD OCEAN BEA	ru BLYD	IOB	
CITY-ST-ZIP			CITY-ST		COA BEACH			
TITLE		☐ Delete	TITLE	DIR	RECTOR		☐ Change	Addition
NAME			NAME		(E QUELLETT		•	
STREET ADDRESS CITY-ST-ZIP			STREET A		OCEAN BEACH			
	<ol> <li>L. certify that the information supplied with</li> </ol>	this filing does not qualify						formation

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 15/07 321-784-2774