


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90050 043 \*\*\*\*61.25

<b>DOCUMENT # 729675</b> 1. Entity Name <b>OCEAN VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2400 SOUTH OCEAN DRIVE FORT PIERCE, FL 34949-5018</b>			Mailing Address <b>2400 SOUTH OCEAN DRIVE FORT PIERCE, FL 34949-5018</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1557601</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BECKER &amp; POLIAKOFF, P.A. 625 N. FLAGLER DRIVE 7TH FL WEST PALM BEACH, FL 33401</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNODGRASS, KAY			NAME	
STREET ADDRESS	2400 S. OCEAN DR.			STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOAN			NAME	
STREET ADDRESS	2400 S. OCEAN DR			STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTLEY, WALTER			NAME	
STREET ADDRESS	2400 S. OCEAN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, TRAVIS			NAME	
STREET ADDRESS	2400 S. OCEAN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARILYN			NAME	
STREET ADDRESS	126 AMBER ST			STREET ADDRESS	
CITY-ST-ZIP	BEACH HAVEN, NJ 08008			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN			NAME	
STREET ADDRESS	2400 S. OCEAN DR			STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34949			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 life empowered.					
<b>SIGNATURE:</b> <i>Joan M Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04/04/08 772-489-0300 <small>Date Daytime Phone #</small>	