2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729675

FILED Apr 28, 2009 Secretary of State

Entity Name: OCEAN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

	Principal Place of Business:	New Principal Place of Business:
2400 SOUTH OCEAN DRIVE FORT PIERCE, FL 349495018		2400 SOUTH OCEAN DRIVE FORT PIERCE, FL 34949
Current N	Nailing Address:	New Mailing Address:
	JTH OCEAN DRIVE ERCE, FL 349495018	2400 SOUTH OCEAN DRIVE FORT PIERCE, FL 34949
FEI Number	r: 59-1557601 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
625 N. FL. WEST PA	& POLIAKOFF, P.A. AGER DRIVE 7TH FL LLM BEACH, FL 33401 US	purpose of changing its registered office or registered agent, or bo
	e of Florida.	pulpose of changing its registered office of registered agent, of bo
SIGNATU		
	Electronic Signature of Registered A	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	SD () Delete SNODGRASS, KAY 2400 S. OCEAN DR. FT. PIERCE, FL 34949	Title: () Change () Addition Name: Address: City-St-Zip:
,		
Title: Name: Address: City-St-Zip:	TD () Delete SMITH, JOAN 2400 S. OCEAN DR FT. PIERCE, FL 34949	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address:	SMITH, JOAN 2400 S. OCEAN DR	Name: Address:
Title: Name: Address:	SMITH, JOAN 2400 S. OCEAN DR FT. PIERCE, FL 34949 D () Delete CANTLEY, WALTER 2400 S. OCEAN DRIVE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	SMITH, JOAN 2400 S. OCEAN DR FT. PIERCE, FL 34949 D () Delete CANTLEY, WALTER 2400 S. OCEAN DRIVE FT. PIERCE, FL 34949 PD () Delete BURNS, TRAVIS 2400 S. OCEAN DRIVE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: VP (X) Change () Addition Name: BURNS, TRAVIS Address: 2400 S. OCEAN DRIVE

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 SMITH PRES 04/28/2009