


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90090 012 ****61.25

DOCUMENT # 734548 1. Entity Name OCEAN VIEW ASSOCIATION, INC.	
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Principal Place of Business 2370 NE OCEAN BLVD. 5-100 STUART FL 34996 US	Mailing Address PLANTATION MANAGEMENT 2115 SE OCEAN BLVD STUART FL 34996 US
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2. Principal Place of Business 2370 NE OCEAN Blvd Suite, Apt. #, etc.	3. Mailing Address 7136 SE Osprey St Suite, Apt. #, etc.
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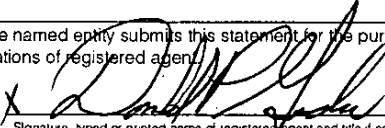
1st MOORE CR2E037 (10/04)

City & State Stuart FL	City & State Hobe Sound FL
Zip 34996	Zip 33455
Country US	Country U.S.

4. FEI Number 59-1877464	Applied For <input type="checkbox"/> Not Applicable
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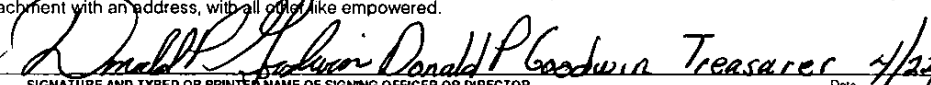
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAZMIER, TIMOTHY 2115 SE OCEAN BLVD STUART FL 34996	7. Name and Address of New Registered Agent Name Dickenson Management, Inc Street Address (P.O. Box Number is Not Acceptable) 7136 OSPREY ST City Hobe Sound FL Zip Code 33455
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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 reinstating)	DATE 4/22/05
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOENBERG, DICK 2115 SE OCEAN BLVD STUART FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Breth Harris L 2375 NE OCEAN BLVD E104 Stuart, FL 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWNEY, JACK 2115 SE OCEAN BLVD 2370 NE OCEAN BLVD STUART FL 34996 # B-302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODWIN, DON 2115 SE OCEAN BLVD 2370 NE OCEAN BLVD STUART FL 34996 B203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Pres ZOCCO, CHESTER 2115 SE OCEAN BLVD 2370 NE OCEAN BLVD STUART FL 34996 A 102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DURGIN, CAROL 2115 SE OCEAN BLVD STUART FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/22/05 Daytime Phone #
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