

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90056 018 ****61.25

DOCUMENT # 734548
 1. Entity Name
OCEAN VIEW ASSOCIATION, INC.



Principal Place of Business
 2370 NE OCEAN BLVD
 STUART, FL 34996 US

Mailing Address
 7136 SE OSPREY ST
 HOBE SOUND, FL 33455 US

40048059



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 111 SE Federal Hwy
 Suite 100
 City & State
 Stuart, FL
 Zip
 34994

03222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1877464

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

6. Name and Address of Current Registered Agent
 DICKENSON MANAGEMENT, INC
 400 TONEY TOMARO DR
 JUPITER, FL 33450

7. Name and Address of New Registered Agent
 Name: Advantage Property Management, LLC
 Street Address (P.O. Box Number is Not Acceptable): 111 SE Federal Hwy
 Suite 100
 City: Stuart FL Zip Code: 34994

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: *Quinn A. Kest* DATE: 3/22/07

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMON, LOU 2375 NE OCEAN BLVD D 204 STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIBER, MIKE 2370 NE OCEAN BLVD A306 STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, BURT 2370 NE OCEAN BLVD A101 STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM STUMPF, RICK C 2370 NE OCEAN BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete DURGIN, CAROL 2375 NE OCEAN BLV D STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 50 Schenberg Dick 2375 NE Ocean Blvd # D-503 Stuart, FL 34996
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 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: *[Signature]* DATE: 3/27/07 DAYTIME PHONE #