

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90253 045 ****61.25

DOCUMENT # 735064 1. Entity Name VILLAS OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5900 OLD OCEAN BLVD. OCEAN RIDGE, FL 33435 US				Mailing Address 5900 OLD OCEAN BLVD. OCEAN RIDGE, FL 33435 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VILLAS OF OCEAN RIDGE HOMEOWNERS 5900 OLD OCEAN BLVD OCEAN RIDGE, FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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 FOSTER, SANDY 5900 OLD OCEAN BLVD B-2 OCEAN RIDGE, FL 33435 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TARKIANEN, HARRIET 5900 OLD OCEAN BLVD A-8 OCEAN RIDGE, FL 33435 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOCHTERMANN, KEVIN 5900 OLD OCEAN BLVD A-10 OCEAN RIDGE, FL 33435 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TARKIANEN, HARRIET 5900 OLD OCEAN BLVD A-8 OCEAN RIDGE, FL 33435 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M BRADY, WANDA 5900 OLD OCEAN BLVD B-4 OCEAN RIDGE, FL 33435 ☒ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M CULLEN, JUDY 5900 OLD OCEAN BLVD C-4 OCEAN RIDGE, FL 33435 ☒ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>Sandy Foster</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
2/11/04 Date					
561-734-0779 Daytime Phone #					