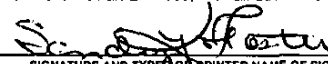


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90039 011 ****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	4. FEI Number 59-1652721	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
-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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOCHTERMANN, KEVIN PAULA ASHEN 5900 OLD OCEAN BLVD A-10 OCEAN RIDGE, FL 33435		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 			Date 2/15/05 Daytime Phone # 561-738-7646		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					