

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90117 050 ****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

03132006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1652721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLAS OF OCEAN RIDGE HOMEOWNERS
5900 OLD OCEAN BLVD
OCEAN RIDGE, FL 33435**

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, 2006**

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

TITLE P ☐ Delete
NAME FOSTER, SANDY
STREET ADDRESS 5900 OLD OCEAN BLVD B-2
CITY - ST - ZIP OCEAN RIDGE, FL 33435

TITLE VP ☒ Delete
NAME TARKIANEN, HARRIET
STREET ADDRESS 5900 OLD OCEAN BLVD A-8
CITY - ST - ZIP OCEAN RIDGE, FL 33435

TITLE T ☒ Delete
NAME ASHEN, PAULA
STREET ADDRESS 5900 OLD OCEAN BLVD A-10
CITY - ST - ZIP OCEAN RIDGE, FL 33435

TITLE S ☒ Delete
NAME TARKIANEN, HARRIET
STREET ADDRESS 5900 OLD OCEAN BLVD A-8
CITY - ST - ZIP OCEAN RIDGE, FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP ☐ Change ☒ Addition
NAME Paula Ashen
STREET ADDRESS 5900 Old Ocean Blvd. #A-10
CITY - ST - ZIP Ocean Ridge, FL 33435

TITLE T ☐ Change ☒ Addition
NAME Joseph Finley
STREET ADDRESS 5900 Old Ocean Blvd. #B-5
CITY - ST - ZIP Ocean Ridge, FL 33435

TITLE S ☐ Change ☒ Addition
NAME Paula Ashen
STREET ADDRESS 5900 Old Ocean Blvd. #A-10
CITY - ST - ZIP Ocean Ridge, FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #