2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #735064



VILLAS OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.						03-28-2006 9011 / 030 *****61.25					
5900 OLD OCEAN BLVD. 590 OCEAN RIDGE, FL 33435 US OCE			illing Address 300 OLD OCEAN BLVD. CEAN RIDGE, FL 33435 US Mailing Address		;		ikili di riid deni di	El B1811 B1814 8 41	D)L E184 B(B) B18		
Suite, Apt. #, etc.		Si	Suite, Apt. #, etc.			03132006 Ch	g-NP	CR2E0:	37 (11/05)		
City & Star	te	Ci	y & State			4. FEI Number 59-165272	1			oplied For	
Zip			p Country			5. Certificate of Sta	itus Desired		\$8.75 Add	ditional	
6. Name and Address of Current Regist		of Current Registers	ed Agent			7. Name and Address of New Registered Agent					
				Name				10 3.0.0.00	· · · · · · · · · · · · · · · · · · ·		
VILLAS OF OCEAN RIDGE HOMEOWNERS 5900 OLD OCEAN BLVD OCEAN RIDGE, FL 33435				Street Address (P.O. Box Number is N	lot Acceptabl	ie)			
	City	City FL Zip Code									
8. The above the obliga	e named entity submits this s tions of registered agent.	tatement for the purp	ose of changing its	registered office or	registere	ed agent, or both, in t	the State of FI	orida. I am	familiar with,	and accept	
SIGNATURE			· · · · · · · · · · · · · · · · · · ·				·				
	Signature, typed or printed name of re	gistered agent and title if app	ecable (NOTE	: Registerea Agent signatu	behupet ex	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 Fiorida Department of State				
10.	OFFICE	RS AND DIRECTORS	<u> </u>	11.	A	DDITIONS/CHANGE	S TO OFFICE	ER\$ AND DI	RECTORS IN	10	
TITLE	P		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	FOSTER, SANDY			NAME							
STREET ADDRESS	5900 OLD OCEAN BLY	/D B-2		STREET ADDRESS							
CITY-ST-ZIP	OCEAN RIDGE, FL 33	435		CITY-ST-ZIP							
TITLE	VP		Delete	TITLE	VP				Change	X Addition	
NAME	TARKIANEN, HARRIE		•	NAME					_		
STREET ADDRESS	5900 OLD OCEAN BLVD A-8					a Ashen					
CITY-ST-ZIP	LACCAN DIDGE CL. AS	7 D A-0		STREET ADDRESS	5900	Old Ocean Blvd.					
TITLE	OCEAN RIDGE, FL 33			STREET ADDRESS CITY-ST-ZIP	5900						
	T CCEAN RIDGE, FL 33		Delete		5900 Ocea	Old Ocean Blvd.			Change	X Addition	
NAME			⊠ Delete	CITY-SI-ZiP	5900 Ocea	Old Ocean Blvd.		-	☐ Change	Addition	
STREET ADDRESS	Т	435	⊠ Delete	CITY-ST-ZIP	T Jose 5900	Old Ocean Blvd. an Ridge, FL 3343 pph Finley Old Ocean Blvd.	5 #B-5	-	Change	Addition	
	T ASHEN, PAULA	/D A-10	≸ Delete	CITY-ST-ZIP TITLE NAME	T Jose 5900	Old Ocean Blvd. an Ridge, FL 3343 oph Finley	5 #B-5	-	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	T ASHEN, PAULA 5900 OLD OCEAN BLV	/D A-10	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	T Jose 5900 Ocea	Old Ocean Blvd. an Ridge, FL 3343 pph Finley Old Ocean Blvd.	5 #B-5		☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	T ASHEN, PAULA 5900 OLD OCEAN BLV OCEAN RIDGE, FL 33 S TARKIANEN, HARRIE	/D A-10 435		CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jose 5900 Ocea	Old Ocean Blvd. an Ridge, FL 3343 pph Finley Old Ocean Blvd.	5 #B-5			Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T ASHEN, PAULA 5900 OLD OCEAN BLV OCEAN RIDGE, FL 33 S TARKIANEN, HARRIE	/D A-10 435 F /D A-8		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T Jose 5900 Ocea S Paul: 5900	o Old Ocean Blvd. an Ridge, FL 3343 oph Finley o Old Ocean Blvd. an Ridge, FL 3343 a Ashen o Old Ocean Blvd.	#B-5 5 #A-10				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T ASHEN, PAULA 5900 OLD OCEAN BLV OCEAN RIDGE, FL 33 S TARKIANEN, HARRIE	/D A-10 435 F /D A-8		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T Jose 5900 Ocea S Paul: 5900	Old Ocean Blvd. an Ridge, FL 3343 oph Finley Old Ocean Blvd. an Ridge, FL 3343 a Ashen	#B-5 5 #A-10				
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12. I hereby certify that the information supplied with this filling 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 actoriess, with all other like empowered.

SIGNATURE:

Daytime Phone #

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