2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90095 006 ****61.25

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1. Entity Name
VILLAS OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, INC.

40075671

Principal Place of Business	Mailing Address
5900 OLD OCEAN BLVD. OCEAN RIDGE, FL 33435 US	5900 OLD OCEAN BLVD. OCEAN RIDGE, FL 33435 US

03292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	P Flinn, Nancy 5900 Old Ocean Blvd., #A-4 Ocean Ridge, FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ASHEN, PAULA 5900 OLD OCEAN BLVD. #A-10 OCEAN RIDGE, FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FINLEY, JOSEPH 5900 OLD OCEAN BLVD. #B-5 OCEAN RIDGE, FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cullen, Judy 5900 Old Ocean Blvd. #C-4 Ocean Ridge, FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TARKIAINEN, HARRIET 5900 OLD OCEAN BLVD #A-8 OCEAN RIDGE, FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tarkiainen, Harriet 5900 Old Ocean Blvd. #A-8 Ocean Ridge, FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Dulworth, Jo Elizabeth 5900 Old Ocean Blvd. #C-3 Ocean Ridge, FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Sorenson, Linda 5900 Old Ocean Blvd. #A-5 Ocean Ridge, FL 33435	☐ Change ☒ 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: Harriet C. Tarkiainen 4/16/08 (561)734-0779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harriet C. Tarkiainen