2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# 735064

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

Current Principal Place of Business:

5900 OLD OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

5900 OLD OCEAN BLVD.
OCEAN RIDGE, FL 33435 US

New Mailing Address:

FEI Number: 59-1652721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: FOSTER, SANDY
Address: 5900 OLD OCEAN BLVD #B-2
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VP
Name: DULWORTH, ELIZABETH J
Address: 5900 OLD OCEAN BLVD. #C-3
City-St-Zip: OCEAN RIDGE, FL 33435

Title: S/TR
Name: HERRIET, TARKIAINEN
Address: 5900 OLD OCEAN BLVD #A-8
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MEMB
Name: SUTHERLAND, DAN
Address: 5900 OLD OCEAN BLVD #A-3
City-St-Zip: OCEAN RIDGE, FL 33435

Title: MEMB
Name: GRADLE, JOYCE
Address: 5900 OLD OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDY FOSTER P 01/09/2012

Electronic Signature of Signing Officer or Director Date