2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90257 020 ****61.25

DOCUMENT # 735853

1. Entity Name
OCEAN VILLAS I, INCORPORATED

Principal Place of Business	Mailing Address
2400 SOUTH OCEAN DRIVE OCEAN VILLAGE ON HUTCHINSON ISLAND FT. PIERCE, FL 34949	2400 SOUTH OCEAN DRIVE OCEAN VILLAGE ON HUTCHINSON ISLAND FT. PIERCE, FL 34949

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04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1779031
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAHER, GEORGE H.
2400 SOUTH OCEAN DRIVE
FT. PIERCE, FL 34949

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	QUAIN, JOAN
STREET ADDRESS	2400 S. OCEAN DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	VD
NAME	BROUGHMAN, MARIE B
STREET ADDRESS	2400 S. OCEAN DRIVE
CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE	D
NAME	CONNORS, ROBERT
STREET ADDRESS	2400 S OCEAN DR.
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	SD
NAME	TRANBERG, LARRY
STREET ADDRESS	2400 S OCEAN DR
CITY-ST-ZIP	FT PIERCE, FL 34949
TITLE	PD
NAME	STIGLIN, MARY B
STREET ADDRESS	2400 S OCEAN DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #