

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90022 029 ****61.25

DOCUMENT # 735853 1. Entity Name OCEAN VILLAS I, INCORPORATED					
Principal Place of Business 2400 SOUTH OCEAN DRIVE OCEAN VILLAGE ON HUTCHINSON ISLAND FT. PIERCE, FL 34949			Mailing Address 2400 SOUTH OCEAN DRIVE OCEAN VILLAGE ON HUTCHINSON ISLAND FT. PIERCE, FL 34949		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1779031	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAHER, GEORGE H. 2400 SOUTH OCEAN DRIVE FT. PIERCE, FL 34949				Name Becker + Poliakoff PA, c/o Peter Mollengarden Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Drive, 7th Floor City West Palm Beach FL Zip Code 33401	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) Peter C. Mollengarden Attorney DATE 5/10/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUAIN, JOAN		NAME	BRUNN, FRG	
STREET ADDRESS	2400 S. OCEAN DRIVE		STREET ADDRESS	2400 S. OCEAN DR.	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROUGHMAN, MARIE B		NAME	SCHMITTENDORF, EDWARD	
STREET ADDRESS	2400 S. OCEAN DRIVE		STREET ADDRESS	2400 S. OCEAN DR.	
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNORS, ROBERT		NAME	LOUGHRAN, THOMAS	
STREET ADDRESS	2400 S OCEAN DR.		STREET ADDRESS	2400 S. OCEAN DR	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT PIERCE, FL 34949	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRANBERG, LARRY		NAME	LOUGHRAN, REGINA	
STREET ADDRESS	2400 S OCEAN DR		STREET ADDRESS	2400 S. OCEAN DR	
CITY-ST-ZIP	FT PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIGLIN, MARY B		NAME	BALDINI, JOSEPH	
STREET ADDRESS	2400 S OCEAN DRIVE		STREET ADDRESS	2400 S. OCEAN DR	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT PIERCE, FL 34949	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	