


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 014 \*\*\*\*61.25

<b>DOCUMENT # 739709</b> 1. Entity Name <b>OCEAN VILLAS III, INCORPORATED</b>					
Principal Place of Business <b>2400 S. OCEAN DRIVE FT. PIERCE, FL 34949-5018</b>			Mailing Address <b>2400 S. OCEAN DRIVE FT. PIERCE, FL 34949-5018</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>C/O Elliott Merrill Mgmt</b> <b>835 20th Place</b> <b>Vero Beach FL</b> Zip      Country <b>32960</b>			
		03152007    Chg-NP    CR2E037 (12/06)		4. FEI Number <b>59-1779034</b>	
		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF, PA C/O PETER MALLENGARTEN 625 N FLAGLER DR 7TH FLOOR WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>Karen L. Merrill</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O Elliott Merrill Comm. Mgmt</b> <b>835 20th Place</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32960</b>		
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 <u><b>Karen L. Merrill</b></u> DATE <u><b>4/5/07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STORY, CONSTANCE 2400 S OCEAN DR FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fox, Donald    VD 2400 S. Ocean Dr. #V1114 Ft Pierce FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERWIN, MARLENE 2400 S. OCEAN DRIVE FT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherwin, Marlene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIFORE, MICHAEL 2400 S OCEAN DR. FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, TD D. Fiore, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'CONNOR, KEVIN 2400 S OCEAN DRIVE FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laven, Martin    PD 2400 S. Ocean Dr. #V1115 Ft Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEM, EDWARD 2400 S OCEAN DRIVE FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelley, Thomas    D 2400 S. Ocean Dr. #V-826 Ft Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORKMAN, LUANN 2400 S. OCEAN DR FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Klem, Mary    D 2400 S Ocean Dr. Ft Pierce, FL 34949	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><b>Karen L. Merrill</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><b>3/15/07</b></u> Daytime Phone # <u><b>772-509-9853</b></u>		

ATTACHMENT

Doc. # 739709

Ocean Villas III, Inc.

40063637

11. Contd.

D. Zahm, Jerry      Addition  
2400 S. Ocean Dr.  
Ft Pierce, FL 34949