

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 05, 2005
Secretary of State**

DOCUMENT# 749381

Entity Name: OCEAN BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2515 S ATLANTIC AVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

8951 LAKE DR, #303
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEVENSON, LINA
8951 LAKE DR, #303
CAPE CANAVERAL, FL 32920 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: STD () Delete
Name: STEVENSON, LINA,
Address: 8951 LAKE DR, #303
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: PD () Delete
Name: VEAL, TOM
Address: 2515 S ATLANTIC AVE #203
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: SONSINI, MICHAEL
Address: 8451 MCALLISTER WAY
City-St-Zip: WEST PALM BCH, FL 22411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: UVANILE, JOSEPH
Address: 2630 SUNCOVE LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LINA STEVENSON

STD

07/05/2005

Electronic Signature of Signing Officer or Director

Date