

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749381

FILED
Feb 16, 2006
Secretary of State

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:

150 EDGEWATER WAY
MERRITT ISLAND, FL 32953 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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:

STEVENSON, LINA
150 EDGEWATER WAY
MERRITT ISLAND, FL 32953 US

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

02/16/2006

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: UVANILE, JOSEPH
Address: 2630 SUNCOVE LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: STEVENSON, LINA,
Address: 150 EDGEWATER WAY
City-St-Zip: MERRITT ISLAND, FL 32953

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

Electronic Signature of Signing Officer or Director

STD

02/16/2006

Date