


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 22, 2004 8:00 am
Secretary of State

08-16-2004 90020 039 ****61.25

DOCUMENT # 756133					
1. Entity Name OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4175 S ATLANTIC AVE 115 NEW SMYRNA BEACH FL 32169 US		Mailing Address 4175 S ATLANTIC AVE 115 NEW SMYRNA BEACH FL 32169 US <i>115 Flagler Ave</i>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHEHER, JOY 4175 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169			7. Name and Address of New Registered Agent Name: <u>STEVE WILLIAMS</u> Street Address (P.O. Box Number is Not Acceptable): <u>2122 SOUTH ATLANTIC</u> City: <u>NEW SMYRNA BEACH FL</u> Zip Code: <u>32169</u>		
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>STEVE WILLIAMS, PTD</u> <i>Steve Williams</i> DATE: <u>AUGUST 1, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOOKER, KATHY 2130 SOUTH ATLANTIC NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FORD, LISA 2124 SOUTH ATLANTIC NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, STEVE 2122 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, MORTON 108 PINEAPPLE LANE ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDON SOUTHWARD 2124 SOUTH ATLANTIC NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Lisa Ford</u> <i>Lisa Ford</i>		DATE: <u>August 1, 2004</u>		DAYTIME PHONE: <u>(305) 849-0908</u>	