

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

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90044 016 ****61.25



DOCUMENT # 756387
 1. Entity Name
THE OFFICE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **598 TIGERTAIL CT MARCO ISLAND FL 34145 US**
 Mailing Address: **598 TIGERTAIL CT MARCO ISLAND FL 34145 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **59-2395163** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ADAMS, KAY GARBUTT
598 TIGERTAIL CT
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: *Kay G Adams* DATE: 2/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$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: PD	<input type="checkbox"/> Delete	TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SUTTON, JOHN		NAME: _____	
STREET ADDRESS: 7721 SW 62 AVENUE		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL		CITY-ST-ZIP: _____	
TITLE: TD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARLIN, ROBERT		NAME: _____	
STREET ADDRESS: 7701 SWW 62 AVE #101		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL 33143		CITY-ST-ZIP: _____	
TITLE: S	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ADAMS, KAY GARBUTT		NAME: _____	
STREET ADDRESS: 598 TIGERTAIL CT		STREET ADDRESS: _____	
CITY-ST-ZIP: MARCO ISLAND FL 34145		CITY-ST-ZIP: _____	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LIVINGSTONE, DAN		NAME: Fisher, Edward	
STREET ADDRESS: 7711 SW 62 AVE. #101		STREET ADDRESS: 7731 S'W 62 Ave #101	
CITY-ST-ZIP: MIAMI FL 33143		CITY-ST-ZIP: Miami, FL 33143	
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: _____	
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 exemption stated in Section 119.07(3)(f), 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: *Kay G Adams, Sec* *Kay G. Adams, Sec* DATE: 2/25/04 305-586-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #