2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90080 050 ****61.25

DOCUMENT #* 758392

1. Entity Name

OCEAN ISLES FISHING VILLAGE, INC.

Principal Place of Business	Mailing Address
10877 OVERSEAS HWY UNIT 1 MARATHON FL 33052 US	10877 OVERSEAS HWY UNIT 1 MARATHON FL 33052 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2272186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, DONNA
10877 OVERSEAS HWY
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name LAUREN Wood, LCAM

Street Address (P.O. Box Number is Not Acceptable) 10877 OVERSEAS Hwy # 2

City MARATHON **FL** Zip Code 33050

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 Lwood LCAM (Emily Lauren Wood) 2-15-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HILLEN, ELAINE 9 FOXWOOD COURT HUNTINGTON STATION NY 11746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GORDON DERMAN 10877 Overseas Hwy MARATHON, FL 33050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MONTGOMERY, JOHN 5165 SW 28 AVE FORT LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bill DAVIS 9760 SW 16 ST MIAMI, FL 33165	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'BRIEN, BETTY 10877 OVERSEAS HWY #41 MARATHON FL 33050	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rick Brito 1162 NW 195 AVE Pembroke Pines, FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOK, JEANNE 277 N SACKETT STREET LAKESIDE MARBLEHEAD OH 43440	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRED RAMIREZ 11323 SW 246 TERR HOMESTEAD, FL 33032	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SALKE, PAUL 83 OLD BROADWAY AVE SAYVILLE NY 11782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2/21/05 781-608-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #