

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761015

FILED
Jun 23, 2004
Secretary of State**Entity Name:** OCEAN TRAIL VILLAS OWNERS ASSN., INC.**Current Principal Place of Business:**33 WEST POINT DRIVE
COCOA BEACH, FL 32931**New Principal Place of Business:**8202 CANAVERAL BLVD
#4
CAPE CANAVERAL, FL 32920 US**Current Mailing Address:**33 WEST POINT DRIVE
COCOA BEACH, FL 32931**New Mailing Address:**8202 CANAVERAL BLVD.
#4
CAPE CANAVERAL, FL 32920 US**FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CANNON, COLETTE
33 WEST POINT DRIVE
COCOA BEACH, FL 32931 US**Name and Address of New Registered Agent:**CUMMINGS, HEIDI M P/T
8202 CANAVERAL BLVD
#4
CAPE CANAVERAL,, FL 32920 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: HEIDI M. CUMMINGS

06/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: CANNON, COLETTE
Address: 33 WEST POINT DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: V () Delete
Name: GIBSON, GERALD
Address: 200 S. SYKES CREEK PKWY., #405
City-St-Zip: MERRIT ISLAND, FL 32952

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: CUMMINGS, HEIDI M P/T
Address: 8202 CANAVERAL BLVD #4
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: S (X) Change () Addition
Name: JOLLY, PAMELA S
Address: 8202 CANAVERAL BLVD #3
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: D () Change (X) Addition
Name: TYLER, MARVIN D
Address: 117 N. CLINTON STREET
City-St-Zip: CARTHAGE, NY 13619 US

Title: D () Change (X) Addition
Name: JOHNSON, WILLIAM D
Address: 11104 STATE ROAD #26
City-St-Zip: CARTHAGE, NY 13619 US

Title: D () Change (X) Addition
Name: HAZELAAR, SUZANNE D
Address: P.O. BOX 1369
City-St-Zip: CAPE CANAVERAL, FL 32920 US

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: HEIDI M. CUMMINGS

P/T

06/23/2004

Electronic Signature of Signing Officer or Director

Date