




**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90013 021 \*\*\*61.25

<b>DOCUMENT # 766849</b>			
1. Entity Name OCEAN HARBOUR VILLAS OWNER'S ASSOCIATION, INC.			
Principal Place of Business 4235 N. A1A #1 FT. PIERCE, FL 34949 US		Mailing Address 4235 N. A1A #1 FT. PIERCE, FL 34949 US	
2. Principal Place of Business 4245 N. A-1-A #3 Suite, Apt. #, etc.		3. Mailing Address 4245 N. A-1-A #3 Suite, Apt. #, etc.	
City & State Fort Pierce, FL		City & State Fort Pierce, FL	
Zip 34949	Country USA	Zip 34949	Country USA
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITLEY, SANDRA 4235 N. A1A #1 FT PIERCE, FL 34949		Name Judith Bracken	
		Street Address (P.O. Box Number is Not Acceptable) 4245 N. A-1-A #3	
		City Fort Pierce	
		FL	
		Zip Code 34949	
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 		DATE 7/5/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing 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	
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 DANEULT, MARCEL DDS 228 MCNAUGHTON DR. COLUMBUS, OH 43213 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Randy Robitzer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 Cacoosing Ave Singing Spring, PA 19608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GILLILAND, LEW 4225 N. A2A, #19 FT. PIERCE, FL 34949 <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	SD WHITLEY, SANDRA 4245 N. A1A #1 FT. PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Judith Bracken <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4245 N. A-1-A #3 Fort Pierce, FL 34949
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: 		DATE 7/5/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 772 460-2682	