


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 766849
 1. Entity Name
 OCEAN HARBOUR VILLAS OWNER'S ASSOCIATION, INC.



Principal Place of Business 4245 N. A1A #3 FT. PIERCE, FL 34949 US	Mailing Address 4245 N. A1A #3 FT. PIERCE, FL 34949 US
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-NP CR2E037 (10/03)

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
 BRCKEN, JUDITH
 4245 N A1A #3
 FT PIERCE, FL 34949

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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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

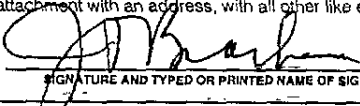
000000308805
 04/16/05-80011-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBTZER, RANDY 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRACKEN, JUDITH 4245 N A1A #3 FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
 Date: 4/12/05 _____
 Daytime Phone #: 772 460-2682 _____