2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766849

FILED Jul 06, 2006 Secretary of State

Entity Name: OCEAN HARBOUR VILLAS OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4245 N. A1A #3 4225 N. HIGHWAY A1A

FT. PIERCE, FL 34949 US UNIT #19

FORT PIERCE, FL 34949 US

Current Mailing Address: New Mailing Address:

4245 N. A1A #3 4225 N. HIGHWAY A1A

FT. PIERCE, FL 34949 US UNIT #19

FORT PIERCE, FL 34949 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRCKEN, JUDITH GILLIAND, LEWIS E MR. 4245 N A1A #3 4225 N. HIGHWAY A1A

FT PIERCE, FL 34949 US UNIT #19
FORT PIERCE, FL 34949 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: LEWIS E. GILLILAND 07/06/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROBTZER, RANDY Name: MCLENDON, R. E MR.

 Address:
 25 CACOOSING AVE
 Address:
 4235 N. HIGHWAY A1A, UNIT #10

 City-St-Zip:
 SINGING SPRING, PA 19608
 City-St-Zip:
 FORT PIERCE, FL 34949 US

Title: VD () Delete Title: VD (X) Change () Addition Name: GILLIAND, LEW Name: KRUIZE, MUNCKO MR.

Address: 4225 N. A2A, #19 Address: 4235 N. HIGHWAY A1A, UNIT #14
City-St-Zip: FT. PIERCE, FL 34949 City-St-Zip: FT. PIERCE, FL 34949 US

Title: () Delete Title: STD (X) Change () Addition BRACKEN, JUDITH GILLILAND, LEWIS EMR. Name: Name: 4225 N. HIGHWAY A1A, UNIT #19 Address: 4245 N A1A #3 Address: City-St-Zip: FT. PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LEWIS E. GILLILAND STD 07/06/2006