

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90055 018 ****61.25

DOCUMENT # N01000006757					
1. Entity Name THE OCEAN VILLAS AT SERENATA BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			Mailing Address 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="text-align: right;">02082005 Chg-NP CR2E037 (10/03)</div>					
4. FEI Number 59-3746186				Applied For <input type="checkbox"/> 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		
MAX MANAGEMENT 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			Name <u>May Management Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5455 A1A South</u> City <u>Saint Augustine,</u> FL <u>32080</u>		
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 <u>Cynthia H. O'Neil</u> <u>CYNTHIA H. O'NEIL, V.P.</u> <u>2/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 DP	NAME SUILLEN, ED		TITLE P	NAME Swillen, Ed	
STREET ADDRESS 230 N. SERENOTA DR UNIT 722	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		STREET ADDRESS 230 N. Serenata Dr Unit 722	CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE DVP	NAME ROBBINS, DAVID		TITLE VP	NAME Noey, Dan	
STREET ADDRESS 120 S. SERENOTA DR UNIT 332	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		STREET ADDRESS 220 N. Serenata Dr Unit 622	CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE DS	NAME FOWLER, TERRY		TITLE 	NAME 	
STREET ADDRESS 120 S. SERENOTA UNIT 321	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE DT	NAME MICKLER, ED		TITLE 	NAME 	
STREET ADDRESS 210 NORTH SERENOTA DR	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME EVANS, MARGARET		TITLE D	NAME Cesery, Barbara	
STREET ADDRESS 220 N. SERENOTA DR UNIT 633	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		STREET ADDRESS 220 N. Serenata Dr Unit 634	CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>[Signature]</u> <u>2-11-2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					