

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90064 044 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N01000006757</b><br>1. Entity Name<br><b>THE OCEAN VILLAS AT SERENATA BEACH<br/>CONDOMINIUM ASSOCIATION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>5455 A1A SOUTH<br/>SAINT AUGUSTINE, FL 32080</b>   |  |   | Mailing Address<br><b>5455 A1A SOUTH<br/>SAINT AUGUSTINE, FL 32080</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |   |  |
| City & State<br><br>Zip  |  | City & State<br><br>Zip   |   | Country   |  |
| 4. FEI Number<br><b>59-3746186</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional<br/>Fee Required</b>                                     |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MAY MANAGEMENT SERVICES, INC<br/>5455 A1A SOUTH<br/>SAINT AUGUSTINE, FL 32080</b>   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |  |
| 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 reinstating) DATE _____  |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SWILLEN, ED<br>230 N. SERENOTA DR UNIT 722<br>PONTE VEDRA BEACH, FL 32082     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Robert Goes Coun<br>130 S. Serenata Dr. # 232<br>PMB, FL 32082<br>President   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | NOEY, DAN<br>220 N. SERANATA DR UNIT 622<br>PONTE VEDRA BEACH, FL 32082            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Bill Griffith<br>210 N. Serenata Dr. # 521<br>PMB, FL 32082<br>Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>FOWLER, TERRY<br>120 S. SERENOTA UNIT 321<br>PONTE VEDRA BEACH, FL 32082     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Ed Mider, Mr<br>210 N. Serenata Dr # 513<br>PMB, FL 32082                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>ROBBINS, DAVID<br>120 SERENATA DROVE #332<br>PONTE VEDRA BEACH, FL 32082      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Vice President  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CESERY, BARBARA<br>220 N. SERENATA DR UNIT 634<br>PONTE VEDRA BEACH, FL 32082 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Ed Mider, Mr<br>210 N. Serenata Dr # 513<br>PMB, FL 32082                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Robert   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Ed Mider, Mr<br>210 N. Serenata Dr # 513<br>PMB, FL 32082                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date <b>2-21-2007</b><br><small>Daytime Phone #</small>   |   |  |