


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90028 021 ****61.25

DOCUMENT # N02000001830 1. Entity Name OCEAN CLUB VILLAS SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O AMELIA ISLAND MANAGEMENT P.O. BOX 3000 AMELIA ISLAND, FL 32035-1307			Mailing Address C/O AMELIA ISLAND MANAGEMENT P.O. BOX 3000 AMELIA ISLAND, FL 32035-1307		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01062004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 47-0853471	
				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	
GREGORY, DAVID B 1501 LEWIS STREET AMELIA ISLAND, FL 32034				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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 _____					
Filing Fee is \$61.25 Due by May 1, 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIHENMAYER, ED VILLAS		NAME		
STREET ADDRESS	619 OCEAN CLUB DR. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	AMELIA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, SPURGEON		NAME		
STREET ADDRESS	608 OCEAN CLUB VILLAS SOUTH		STREET ADDRESS		
CITY-ST-ZIP	AMELIA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEIDER, JEANNE		NAME		
STREET ADDRESS	604 OCEAN CLUB SOUTH		STREET ADDRESS		
CITY-ST-ZIP	AMELIA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMMANDER, CHARLES E		NAME		
STREET ADDRESS	PO BOX 3000		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 320351307		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Grunder, Paul	
STREET ADDRESS			STREET ADDRESS	602 Ocean Club Villas South	
CITY-ST-ZIP			CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Dudley, Roger	
STREET ADDRESS			STREET ADDRESS	610 Ocean Club Villas South	
CITY-ST-ZIP			CITY-ST-ZIP	Amelia Island, FL 32034	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Ed Weihenmayer</i>		ED WEIHENMAYER		2/10/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 904-321-1938	