

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


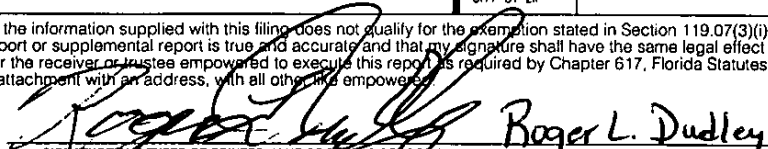
**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90017 014 \*\*\*\*61.25

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01072005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N02000001830</b>					
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		
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, 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	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNDER, PAUL		NAME		
STREET ADDRESS	602 OCEAN CLUB VILLAS SOUTH		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, ROGER		NAME		
STREET ADDRESS	610 OCEAN CLUB VILLAS SOUTH		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowerments.					
SIGNATURE: 		Roger L. Dudley		2/28/05 904-277-8273	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	