


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90350 038 \*\*\*\*61.25

<b>DOCUMENT # N02000001830</b>					
<b>1. Entity Name</b> OCEAN CLUB VILLAS SOUTH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O AMELIA ISLAND MANAGEMENT P.O. BOX 3000 AMELIA ISLAND, FL 32035-1307			<b>Mailing Address</b> C/O AMELIA ISLAND MANAGEMENT P.O. BOX 3000 AMELIA ISLAND, FL 32035-1307		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 47-0853471	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GREGORY, DAVID B 1501 LEWIS STREET AMELIA ISLAND, FL 32034			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State: <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <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	VSTD <input checked="" 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 checked="" 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	PD <input type="checkbox"/> Delete	TITLE	<input 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			
<b>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.</b>					
SIGNATURE: _____		3-9-06		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	