


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

06-24-2005 90004 013 ****61.25

DOCUMENT # N03000006554	
1. Entity Name OCEAN VILLAGE OF BREVARD HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 3095 SOUTH HWY A1A MELBOURNE BEACH, FL 32951	Mailing Address 3095 SOUTH HWY A1A MELBOURNE BEACH, FL 32951
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2. Principal Place of Business 95 Pine Tree Drive Suite, Apt. #, etc.	3. Mailing Address PO Box 510758 Suite, Apt. #, etc.
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City & State Indialantic, FL	City & State Melbourne Beach, FL
Zip 32903	Country USA

6. Name and Address of Current Registered Agent TOLLMAN, WILLIAM 3095 SOUTH HWY A1A MELBOURNE BEACH, FL 32951	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5665 South Hwy A1A City Melbourne Beach FL Zip Code 32951	
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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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLLMAN, WILLIAM 3095 SOUTH HWY A1A MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WU, GERI 3095 SOUTH HWY A1A MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHICK, JOHN 3095 SOUTH HWY A1A MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5665 South Hwy A1A Melbourne Beach, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5665 South Hwy A1A Melbourne Beach, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD William M. Tollmann, Jr. 97 Pine Tree Drive Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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66024362



06142005 Chg-NP CR2E037 (10/03)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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X Applied For Not Applicable	
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DATE _____	
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Date _____	
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Date _____	
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Date _____	
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Date _____	
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Date _____	
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Date _____	
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Date _____	
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Date _____	
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66024368
N03 000006554

ATTACHMENT

Form **SS-4**

Application for Employer Identification Number

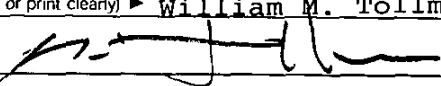
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Ocean Village of Brevard Homeowners Association, Inc.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name William M. Tollmann
	4a Mailing address (room, apt., suite no. and street, or P.O. box) PO Box 510758		5a Street address (if different) (Do not enter a P.O. box.) 95 Pine Tree Drive
	4b City, state, and ZIP code Melbourne Beach, FL 32951-0758		5b City, state, and ZIP code Indianalantic, FL 32903
	6 County and state where principal business is located Brevard, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustee William M. Tollmann		7b SSN, ITIN, or EIN 282-30-0714
	8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) N03000006554 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____		
	8b If a corporation, name the state or foreign country (if applicable) where incorporated State Florida Foreign country _____		
	9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ New Corporation <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
	10 Date business started or acquired (month, day, year) July 25, 2003		11 Closing month of accounting year
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ _____			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." Agricultural -0- Household -0- Other -0-			
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Non-profit <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Address and ZIP code	Designee's telephone number (include area code) () Designee's fax number (include area code) ()	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ William M. Tollmann, President			
Signature ▶  Date ▶ 7-5-03			
Applicant's telephone number (include area code) (321) 984-7543 Applicant's fax number (include area code) (321) 726-9325			

OCEAN VILLAGE HOA
P.O. BOX 510758
MELBOURNE BEACH, FL 32951-0758

11-04

ATTACHMENT 66024362


651

Date June 15, 2005

63-4/630 FL
424

Pay to the
Order of Florida Department of State \$ 61.25

Sixty one dollars and 25/100 -----Dollars

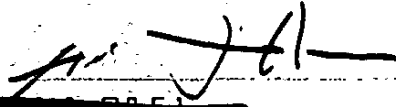
 Security features
are included.
Details on back

Bank of America



ACH R/T 063100277

For NO3000006554



MP

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