


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90199 028 ****61.25

DOCUMENT # N03000006554					
1. Entity Name OCEAN VILLAGE OF BREVARD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 95 PINE TREE DRIVE INDIALANTIC, FL 32903 US			Mailing Address P.O. BOX 510758 MELBOURNE BEACH, FL 32951 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-3198212	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLLMAN, WILLIAM 5665 SOUTH HIGHWAY A1A MELBOURNE BEACH, FL 32951			7. Name and Address of New Registered Agent Name: <u>Tollmann, William</u> Street Address (P.O. Box Number is Not Acceptable): <u>95 Pine Tree Drive</u> City: <u>Indialantic</u> FL Zip Code: <u>32903</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>April 17, 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOLLMAN, WILLIAM 5665 SOUTH HIGHWAY A1A MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tollmann, William 95 Pine Tree Drive Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WU, GERI 5665 SOUTH HIGHWAY A1A MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Wu, Geri 95 Pine Tree Drive Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOLLMANN, WILLIAM M JR 97 PINE TREE DRIVE INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tollmann, William M Jr. 95 Pine Tree Drive Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>[Signature]</u>			William M. Tollmann		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			April 17, 2007		
Date			321-984-7543		
Daytime Phone #					