


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90030 010 ****61.25

DOCUMENT # N04000000116	
1. Entity Name OCEAN VILLAS NORTH HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 101-112 SOUTH 18TH STREET FLAGLER BEACH, FL 32316 US	Mailing Address P. O. BOX 2415 FLAGLER BEACH, FL 32136 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02182005 Chg-NP CR2E037 (10/03)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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	
HENDERSON, ALISON K 10399 SPOTTED FAWN LANE JACKSONVILLE, FL 32257		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)

Signature, typed or printed name of registered agent and title if applicable. 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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DIR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, WILLIAM R			NAME			
STREET ADDRESS	105 SOUTH 18TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136			CITY-ST-ZIP			
TITLE	DIR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, KING			NAME			
STREET ADDRESS	106 SOUTH 18TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136			CITY-ST-ZIP			
TITLE	DIR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, WILLIAM			NAME			
STREET ADDRESS	108 SOUTH 18TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, WILLIAM R			NAME			
STREET ADDRESS	105 SOTH 18TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, WILLIAM			NAME			
STREET ADDRESS	108 SOUTH 18TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136			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 empowered.

SIGNATURE: William R Henderson *William R Henderson, President March 23, 2005* **904 902 9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #