

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000116

FILED
Apr 17, 2011
Secretary of State

Entity Name: OCEAN VILLAS NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101-112 SOUTH 18TH STREET
FLAGLER BEACH, FL 32316 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2415
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HENDERSON, ALISON K
10399 SPOTTED FAWN LANE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: GILBERT, KATHLEEN
Address: 106 SOUTH 18TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: DIR
Name: HATCH, PETE
Address: 111 S 18TH ST
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: DIR
Name: BRANCH, WILLIAM
Address: 108 SOUTH 18TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: P
Name: FISHBEIN, STEVE
Address: 101 SOUTH 18TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP
Name: BRANCH, WILLIAM
Address: 108 SOUTH 18TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: SECT
Name: HENDERSON, ALISON K
Address: 105 SOUTH 18TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALISON K HENDERSON

SECT

04/17/2011

Electronic Signature of Signing Officer or Director

Date