

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90011 014 ****61.25

DOCUMENT # N04000001191

1. Entity Name
OVERSEAS VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**204 91ST STREET
UNIT #14
MARATHON, FL 33050**

Mailing Address
**P.O. BOX 500194
MARATHON, FL 33050**

DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIDDLE KEYS COMMUNITY LAND TRUST, INC.
204 91ST STREET
UNIT #14
MARATHON, FL 33050**

**DO NOT WRITE
IN THIS SPACE**

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 *Richard Casey Jr* **RICHARD CASEY, JR ADMINISTRATOR** 3/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DERRICK 3663 LOUISA STREET MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EICK, KEVIN 3637 LOUISA STREET MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D CASEY, RICHARD JR. LARRY SHAFFER P.O. BOX 500194 P O Box 501833 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *L.E. Shaffer* **L.E. SHAFFER**

3.28.08

305-743-9648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #