2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N17826

Entity Name: OCEANVIEW VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4917 PELICAN DR.
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4917 PELICAN DR.
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2771205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, SHARON M
4917 PELICAN DR.
NEW PORT RICHEY, FL 34652 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:	T	( ) Delete
Name:	NAEGELIN, GUENTER	
Address:	589 OCEANVIEW AVE.	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	P	( ) Delete
Name:	FREE, ANNA	
Address:	565 OCEANVIEW AVE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	V	( ) Delete
Name:	COCHRAN, WILLIAM	
Address:	557 OCEANVIEW AVE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	( ) Delete
Name:	VARVERAKIS, JOHN	
Address:	573 OCEANVIEW AVE	
City-St-Zip:	PALM HARBOR, FL 34863	
Title:	D	( ) Delete
Name:	GEORGOOLAS, HELEN	
Address:	533 OCEANVIEW AVE	
City-St-Zip:	PALM HARBOR, FL 34863	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNA FREE P 02/28/2009

Electronic Signature of Signing Officer or Director — Date