


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N39837 1. Entity Name OZLYN GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2846 ARBUTUS STR NAPLES, FL 33962 US	Mailing Address 2846 ARBUTUS STR NAPLES, FL 33962 US
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0169071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REPATH, DAVE 2846 ARBUTUS STR NAPLES, FL 34112

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U00000355448
05/03/05 00148-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, ROY 2854 ARBUTUS STR NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHINEBARGER, SHIRLEY 2850 ARBUTUS ST. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REPATH, DAVE 2846 ARBUTUS ST. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZI, LEISA 2842 ARBUTUS ST NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, TIMOTHY 2836 ARBUTUS STREET NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **DANA HARRISON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 239-203-6626
Date Daytime Phone #