

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39837

FILED
May 01, 2006
Secretary of State

Entity Name: OZLYN GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2846 ARBUTUS STR
NAPLES, FL 33962 US

New Principal Place of Business:

Current Mailing Address:

2846 ARBUTUS STR
NAPLES, FL 33962 US

New Mailing Address:

FEI Number: 65-0169071 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REPATH, DAVE
2846 ARBUTUS STR
NAPLES, FL 34112 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: D () Delete
Name: MORGAN, ROY
Address: 2854 ARBUTUS STR
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: SHINEBARGER, SHIRLEY
Address: 2850 ARBUTUS ST.
City-St-Zip: NAPLES, FL 34112

Title: DP () Delete
Name: REPATH, DAVE
Address: 2846 ARBUTUS ST.
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: RIZZI, LEISA
Address: 2842 ARBUTUS ST
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: CASEY, TIMOTHY
Address: 2836 ARBUTUS STREET
City-St-Zip: NAPLES, FL 34112

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 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: DANA HARRISON

CPA

05/01/2006

Electronic Signature of Signing Officer or Director

Date