

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003781

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** OCEAN VILLAGE AT SUMMER BEACH COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1987  
YULEE, FL 32041 US

**New Mailing Address:**

**FEI Number:** 59-3263916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, TERRELL J  
463499 STATE ROAD 200  
YULEE, FL 32097 US

**Name and Address of New Registered Agent:**

PROPERTY MANAGEMENT SYSTEMS INC  
463499 STATE ROAD 200  
YULEE, FL 32097 US

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: TERRELL J POWELL

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: GALPHIN, NIP  
Address: 5265 VILLAGE WAY  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V/D ( ) Delete  
Name: DEABLER, MARIANNE  
Address: 5290 SEA CHASE DR #3  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S/D ( ) Delete  
Name: RAINES, MARY  
Address: 5266 VILLAGE WAY  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: BURKE, SUE  
Address: 5158 SEA CHASE DRIVE #3  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: OLIVER, TERRI  
Address: 1826 OCEAN VILLAGE DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S/D (X) Change ( ) Addition  
Name: RAINES, MARY  
Address: 5266 VILLAGE WAY  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: NIP GALPHIN

P/D

04/24/2006

Electronic Signature of Signing Officer or Director

Date