

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000162

1. Entity Name
OCEANVIEW ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business
**2805 LAGUNA DRIVE
FERNANDINA BEACH, FL 32034**

Mailing Address
**P.O. BOX 15216
FERNANDINA BEACH, FL 32035-3104**



04122006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3361535

Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

**SANTRY, BEBE
865 ATLANTIC VIEW DR
FERNANDINA BEACH, FL 32034**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PERRONE, JOSEPH
STREET ADDRESS	2805 LAGUNA DRIVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	DV
NAME	SHIVER, ROY D
STREET ADDRESS	871 ATLANTIC VIEW DR
CITY-ST-ZIP	FERNANDINA BCH, FL 32034
TITLE	DV
NAME	KENNEDY, KAY M
STREET ADDRESS	2807 LUGUNA DR
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	DS
NAME	CAVASINO, PETER
STREET ADDRESS	852 ATLANTIC VIEW DRIVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	DT
NAME	SANTRY, BEBE
STREET ADDRESS	865 ATLANTIC VIEW DR
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515841
04/29/06-80228-003 61.25

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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: BEBE SANTRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2006 (404) 321-3460
Date Daytime Phone #