

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90017 005 \*\*\*\*61.25

**DOCUMENT # N99000001056**

1. Entity Name  
OCEAN PALMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
5455 AIA SOUTH  
ST. AUGUSTINE, FL 32080

Mailing Address  
5455 AIA SOUTH  
ST. AUGUSTINE, FL 32080

**50007646**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-3546343

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANNA MARKS MAY MANAGEMENT  
C/O MAY MANAGEMENT  
5455 AIA SOUTH  
ST. AUGUSTINE, FL 32080

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete  
NAME LYNCH, FRAN  
STREET ADDRESS 768 ELVERGELLN  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME GREER, GEORGE  
STREET ADDRESS 464 SAN NICCLAS WAY  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE VP ☐ Change ☒ Addition  
NAME Bagley, Raymond Jr  
STREET ADDRESS 361 San Nicholas Way  
CITY-ST-ZIP St. Augustine, FL 32080

TITLE P ☒ Delete  
NAME MANNING, JAY  
STREET ADDRESS 376 SAN NICOLAS WAY  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE President ☐ Change ☒ Addition  
NAME France, Edward Jr  
STREET ADDRESS 452 San Nicholas Way  
CITY-ST-ZIP St. Augustine, FL 32080

TITLE DTS ☐ Delete  
NAME HARVEY, D. VIRGIL  
STREET ADDRESS 449 SAN NICHOLAS WAY  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME PORTELLO, JOANNE  
STREET ADDRESS 724 ELVERSEL  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE Treasurer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Joanne Portello*

2/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #