


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N99000006297</b>	
1. Entity Name OCEANVIEW VILLAS ASSOCIATION, INC.	

Principal Place of Business 404 SOUTH MIRAMAR AVENUE INDIALANTIC, FL 32903	Mailing Address 404 SOUTH MIRAMAR AVENUE UNIT #1 INDIALANTIC, FL 32903
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01152006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0957562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  MOSLEY, CURTIS R ESQ. 1221 EAST HAVEN AVENUE MELBOURNE, FL 32901
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D/C DUNN, LEROY JR 404 S. MIRAMAR AVE, UNIT #2 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDM HEATON, PETER 404 S. MIRAMAR AVE. UNIT #1 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HEATON, LAURA E 404 SOUTH MIRAMAR AVE. UNIT #1 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000399231  
01/25/06-80013-009 70.00

**DO NOT WRITE  
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:** Laura E. Heaton 1-14-2006 321-674-9922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #