

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N99000006297

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**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0957562	Applied For Not Applicable
5. Certificate of Status Desired YES	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R ESQ.
1221 EAST HAVEN AVENUE
MELBOURNE, FL 32901**

**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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

UN00000585516
01/16/07-R0016-004 70.00

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	

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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: Laura E. Heaton **LAURA E. HEATON**

Date

1-4-07

Daytime Phone #

321-674-9922