

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90066 029 \*\*\*\*70.00

<b>DOCUMENT # N99000006297</b> 1. Entity Name <b>OCEANVIEW VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business <b>404 SOUTH MIRAMAR AVENUE INDIALANTIC, FL 32903</b>			Mailing Address <b>404 SOUTH MIRAMAR AVENUE UNIT #1 INDIALANTIC, FL 32903</b> <i>(mailing address)</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>404 SOUTH MIRAMAR AVE.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>UNIT # 3</b>			
City & State		City & State <b>INDIALANTIC, FL.</b>			
Zip	Country	Zip <b>32903</b>	Country <b>USA</b>	4. FEI Number <b>65-0957562</b>	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOSLEY, CURTIS R ESQ. 1221 EAST HAVEN AVENUE MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C DUNN, LEROY JR 404 S. MIRAMAR AVE, UNIT #2 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D RYAN WHITNEY 404 SOUTH MIRAMAR AVE., UNIT #2 INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDM HEATON, PETER 404 S. MIRAMAR AVE. UNIT #1 INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P M D PETER HEATON 404 S. MIRAMAR AVE- UNIT # 3 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HEATON, LAURA E 404 SOUTH MIRAMAR AVE. UNIT #1 INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSCD LAURA E. HEATON 404 S. MIRAMAR AVE- UNIT # 3 INDIALANTIC, FLORIDA 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Laura E. Heaton</u>			2-8-2008 321-674-9922		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		