2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9900006297 1. Entity Name OCEANVIEW VILLAS ASSOCIATION, INC.								02-11-200	8 90066 ()29 ****7	0.00
Principal Place of Business 404 SOUTH MIRAMAR AVENUE INDIALANTIC, FL 32903			404 S Unit a	ANTIC, FL 32903	-	٠)	! (4 6 /11 6) 41 6				
2. Principal Place of Business - No P.O. Box #			3. Mailir 40 4	3. Mailing Address 404 SOUTH MIRAMAR							
Suite, Apt. #, etc.				Suite, Apt. #, etc. 3			02082008	Chg-NP	CR2E0	37 (12/06)	
City & Stat	le			& State	FL-		4. FEI Number 65-095				pplied For ot Applicable
Zip		Country	Zip 36	1903	Country US A		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	e and Address of Current	Registered	Agent	Name		7. Name and	Address of New	Registered	Agent	
MOSLEY, 1221 EAS MELBOUR	T HAVEN	AVENUE			Name Street A	Address (F	P.O. Box Numbe	r is Not Accepta	ble)	•	
	,										
					City				Fl	Zip Cod	
8. The above the obligat	tions of regis	ly submits this statement fo stered agent.	or the purpo	se of changing its re	egistered office o	or registere	ed agent, or both	h, in the State of	Florida, Iam	familiar with,	and accept
	Signature, typed	d or printed name of registered agent	t and title if applic	able. (NOTE: F	Registered Agent signs	ture required :	when reinstating)		DATE		
		ne is \$61.25 May 1, 2008		9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Bo	e FI		k payable t	
10.	Due by I		RECTORS	Trust Fund Co	paign Financing ntribution.	<u> </u>	\$5.00 May Be Added to Fees	FI NGES TO OFFIC	orida Depa	rtment of S	v 10
10. TITLE NAME STREET ADDRESS	Due by I	May 1, 2008		·	paign Financing ntribution.	V D RYAA	\$5.00 May Be Added to Fees DDITIONS/CHA	ANGES TO OFFIC	orida Depa CERS AND D	IRECTORS IN Change	tate
TITLE NAME	Due by II D/C DUNN, LI 404 S. MI INDIALAR	OFFICERS AND DIF		Trust Fund Co	paign Financing ntribution. 11. IIILE NAME	V D RYAA 404	\$5.00 May Be Added to Fees DDITIONS/CHA	NEY AIRAMAR A	orida Depa CERS AND D	IRECTORS IN Change	v 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by II D/C DUNN, LI 404 S. MI INDIALAR	OFFICERS AND DIE OFFICERS AND DIE EROY JR IRAMAR AVE, UNIT #2 NTIC, FL 32903		Trust Fund Co	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD RYAN HOH JNDI	\$5.00 May Be Added to Fees DDITIONS/CHA	NEY AIRAMAR A	orida Depa CERS AND D	IRECTORS IN Change	v 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIC DUNN, LI 404 S. MI INDIALAN VDM HEATON 404 S. MI	OFFICERS AND DIE OFFICERS AND DIE EROY JR IRAMAR AVE, UNIT #2 NTIC, FL 32903		Trust Fund Co	paign Financing ntribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	A VD RYAM HOY JNDI PM PETE 404	\$5.00 May Be Added to Fees DDITIONS/CHAY SOUTH A ALANTIC D	NEY MRAMAR A FL.	OFFICE OFFICE OFFICE OFFICE OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	IRECTORS IN Change IT + 2 Grant Change	N 10 DAndition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by II D/C DUNN, LI 404 S. MI INDIALAR VDM HEATON 404 S. MI INDIALAR PTSD	OFFICERS AND DIE EROY JR IRAMAR AVE, UNIT #2 NTIC, FL 32903 PETER IRAMAR AVE. UNIT #1 NTIC, FL 32903		Trust Fund Co	Daign Financing Intribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD RYAN 404 INDI PM FETE 404 INC	\$5.00 May Be Added to Fees DDITIONS/CHAY WHITA SOUTH A ALANTIC DER HEA S. MIRADIA CAN I	NEY AIRAMAR A FL. TW MAR A	2290:	IRECTORS IN Change IT + 2 Grant Change	N 10 DAndition Addition
TITLE NAME STREET ADDRESS CFTY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADORESS	Due by II D/C DUNN, LI 404 S. MI INDIALAR VDM HEATON 404 S. MI INDIALAR PTSD HEATON 404 SOU'	OFFICERS AND DIE EROY JR IRAMAR AVE, UNIT #2 NTIC, FL 32903 , PETER IRAMAR AVE, UNIT #1 NTIC, FL 32903 , LAURA E TH MIRAMAR AVE, UN		Trust Fund Co Delete Delete	Daign Financing ntribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PM PETE LAUN HOU	\$5.00 May BE Added to Fees DDITIONS/CHA WHITA SOUTH A ALANTIC D ER HEA S. MIRA DIA CIANT D CA E.	MIGES TO OFFICE MARY M	SERS AND D VE., Un 3290; VYE. Ur 3290;	IRECTORS IN Change IT # 2 IF Change IT # 3	N 10 DADdition Addition
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12. Thereby certify that the information supplied with this filling 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 eath; 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.

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Lawa E- Heath SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2008

321-674-9922

Date

Daytime Phone #