

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P93000018256  
 1. Entity Name  
 OCEAN VILLAGE CLUB CONDOMINIUM RENTALS, INC.



**FILED**

06 SEP 20 AM 8:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 4250 HIGHWAY A1A  
 ST. AUGUSTINE, FL 32080

Mailing Address  
 4250 HIGHWAY A1A  
 ST. AUGUSTINE, FL 32080

**DO NOT WRITE IN THIS SPACE**



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3170655

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 HOWELL, PATRICK  
 ESO CONCOURSE PKWY S.  
 SUITE 105  
 MAITLAND, FL 32751

**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)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARGARET, ST. JOHN K
STREET ADDRESS	4250 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100080096221  
 09/22/06--01059--008 \*\*150.00

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 607, 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: Margaret K. St. John Date: 7/28/06 Daytime Phone #: 904-669-8786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten marks*