

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734548

**Entity Name:** OCEAN VIEW ASSOCIATION, INC.

**Current Principal Place of Business:**

1111 SE FEDERAL HWY.  
SUITE 100  
STUART, FL 34994

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC5648672688**

**Current Mailing Address:**

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US

**FEI Number: 59-1877464**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADVANTAGE PROPERTY MGMT LLC  
1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name SENDEL, PHILIP  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title VPD  
Name STRONG, WARREN  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title PD  
Name INDIVIGLIO, JOSEPH  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title TD  
Name ZAUSMER, STANLEY  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

Title D  
Name SBORDONE, THOMAS  
Address 1111 SE FEDERAL HWY.  
SUITE 100  
City-State-Zip: STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH INDIVIGLIO**

**PRESIDENT**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date