FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 10 PM 1:49

DOCUMENT # 721282 (2)

1. Corporation Name
OCEAN PALM VILLA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
OCEAN PALM VILLAS NORTH FLGLER BEACH FL 32136	OCEAN PALM VILLAS NORTH FLGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1396711 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERTSON, DONALD 6 OCEAN PALM VILLA N. FLGLER BEACH FL 32136	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FULWIDER, JAMES	1.2 NAME	
STREET ADDRESS	1 OCEAN PALM VILLA N	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT RUPORT	2.2 NAME	
STREET ADDRESS	45 OCEAN PALM VILLA NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BELFORD, JOE	3.2 NAME	
STREET ADDRESS	28 OCEAN PALM VILLA N	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	WOHLFERT, PHILIP	4.2 NAME	
STREET ADDRESS	7 OCEAN PALM VILLA NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FA	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, DONALD	5.2 NAME	
STREET ADDRESS	6 OCEAN PALM VILLA N	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.C. R[illegible] R.C. Robertson, Treas. 4/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #