FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

721282

(2)

OCEAN PALM VILLA ASSOCIATION, INC.

Principal Place of Business					Malling Address				† 10 8 714 10030 11801 11818 14081 18140	ildi oldii ei			
OCEAN PALM VILLAS NORTH FLOLER BEACH FL 32136					OCEAN PALM VILLAS NORTH FLGLER BEACH FL 32138			l					
									 Date Incorporated or Qualified 06/30/1971 	3a. Date of Last Report 04/15/1996			
2.	2. Principal Place of Business				2a. Mailing Address				4. FEI Number	<u> </u>	Aŗ	plied For	
21				26					59-1396711			t Applicable	
22	Sulte, Apt. #, etc.]			07	Suito, Apt. #, etc.				5. Certificate of Status Desired			Additional additional	
22)	City & State				City & State				6. Election Campaign Financing		\$5.00		
23		,			28				Trust Fund Contribution		Added 1		
	Zip	Country			├		unlry	8. This corporation has liability for intal			ngible ax under s. 199.032,		
24			25	29		30					No	·•- ·	
<u> </u>		9. Name	and Address of Curren	t Regi		10. Name and Address of New Registered Agent							
[81 Name COOKE, BEVERLY:					
ROBERTSON, DONALD							82 Street	Addres	s (P.O. Box Number is Not Acceptab OCEAN PALM VILLAS	le) MODTU			
6 OCEAN PALM VILLA N. Flgler Beach Fl 32136							83			MONTH			
PLULEN DENOTI PL 32100							24 50			<u>. </u>	11"		
							84 City		AGLER BEACH	FL	. 32	Code 136	
11	I. Pursuant t	o the provis	ions of Sections 617.050	2 and	617.1508, Florida Sta	lutes, the a	bove-named	corpo	ation submits this statement for the p	urpose of	changing it	ts registered	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered again, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.													
SIGNATURE SILLING CORRESPONDENCE STATEMENT STA													
12		Signature, typod	or printed name of registered age OFFICERS AN			NOTE: Register	ed Agent signature	erequired	when reinstating) ADDITIONS/CHANGES 10 OFFICE	DATE EDS AND) DIRECTOR	29 (M 12	
_	rue T	D	OTTIOLITS AN	Dona	₩ DELETE		TITLE	D	ADDITIONS/OFFANCES TO OFFICE	ALTIS MILE	☐ Change	Addition	
	ME	FULWIDER, JAMES					NAME		FFORD, JOHN			,	
ST	REET ADDRESS 1 OCEAN PALM VILLA N			1.3		STREET ADDRESS	36 OCEAN PALM VILLAS NORTH						
CI	ry-st-zip FLGLER BEACH FL					CITY-ST-ZIP	FLAGLER BEACH, FL						
TIT	LE	PD			DELETE	2.1	TITLE				☐ Change	☐ Addition	
N/A	ME					2.2 1	NAME		•				
	STREET ADDRESS 45 OCEAN PALM VILLA NORTH			ITH			STREET ADDRESS						
	ry-st-zip		BEACH FL		DELETE		CITY-ST-ZIP	 			Change	Addition	
	'LE Me	VD Belfor	OD IOE		TRI OFFICIE		IITLE VAME	VD BAD	REFOOT, JOE		T ruguya	Augilion P	
١	REET ADDRESS		AN PALM VILLA N			1	STREET ADDRESS	18	OCEAN PALM VILLAS N	овтн		l	
1	TY-ST-ZIP		BEACH FL				CITY+ST-ZIP	1	GLER BEACH, FL	011411			
	LE	SD	<u> </u>		DELETE		TITLE	SI			Change	Addition	
N/	ME		OY, ELIZABETH			4.2	NAME		PE, MARY LOU		•		
ST	REET ADDRESS		AN PLAM VILLA NOR	th:		4.3 5	STREET ADDRESS		OCEAN PALM VILLAS	NORTH			
CI	TY-ST-ZIP	FLGLEF	BEACH FL			4.4.1	CITY-ST-ZIP		AGLER BEACH, FL 321:				
TI	rLE	TD			X DELETE	51	TITLE	TD			☐ Change	Addition	
ŀ	ME		TSON, DONALD				NAME		KE, BEVERLY				
	REET ADDRESS		N PALM VILLA N				STREET ADDRESS	35	OCEAN PALM VILLAS NO	ORTH			
	IY-ST-ZIP	FLGLEF	BEACH FL		DELETE		CITY-ST-ZIP	FLA	GLER BEACH, FL		0	Addition	
1	LE				DELETE		ITLE	1			Change	☐ Addition	
	ime Reet address						NAME STREET ADDRESS						
91	LICCI MUNICOS I					0.3 (SINEEL ADDRESS	1					

14. I do hereby certify that the information supplied with this filing 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 3 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP