

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 02 1998 8:00am
Secretary of State

DOCUMENT # 721282

(2)

1. Corporation Name

OCEAN PALM VILLA ASSOCIATION, INC.



Principal Place of Business

Mailing Address

OCEAN PALM VILLAS NORTH
FLAGLER BEACH FL 32136

OCEAN PALM VILLAS NORTH
FLAGLER BEACH FL 32136

3. Date Incorporated or Qualified

06/30/1971

4. FEI Number

59-1396711

Applied For

☒ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COOKE, BEVERLY
35 OCEAN PALM VILLAS N
FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME CLIFFORD, JOHN
STREET ADDRESS 36 OCEAN PALM VILLAS N
CITY-ST-ZIP FLAGLER BEACH FL

TITLE PD ☒ DELETE

NAME ROBERT RUPOUT
STREET ADDRESS 45 OCEAN PALM VILLA NORTH
CITY-ST-ZIP FLAGLER BEACH FL

TITLE VD ☒ DELETE

NAME BAREFOOT, JOE
STREET ADDRESS 18 OCEAN PALM VILLAS N
CITY-ST-ZIP FLAGLER BEACH FL

TITLE SD ☒ DELETE

NAME PAPE, MARY LOU
STREET ADDRESS 17 OCEAN PALM VILLAS N
CITY-ST-ZIP FLAGLER BEACH FL

TITLE TD ☒ DELETE

NAME COOKE, BEVERLY
STREET ADDRESS 35 OCEAN PALM VILLAS N
CITY-ST-ZIP FLAGLER BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD. Mary Lou Pape ☒ Change ☐ Addition

18 Ocean Palm Villa N.

Flagler Beach, Fl. 32136

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD. Nancy Ward ☒ Change ☐ Addition

33 Ocean Palm Villa N.

Flagler Beach, Fl. 32136

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD. Karen West ☒ Change ☐ Addition

21 Ocean Palm Villa N.

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD. Teresa Maier ☒ Change ☐ Addition

40 Ocean Palm Dr N.

Flagler Beach, Fl. 32136

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Asst. T.D. Ruth Scardina ☒ Change ☐ Addition

10 Ocean Palm Dr N.

Flagler Beach, Fl. 32136

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Scardina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/98 (904)
439-9050
Date Daytime Phone #

CR2E037 (5/98)