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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

399512 - 90103 - 23

DOCUMENT # 721282

1. Corporation Name
OCEAN PALM VILLA ASSOCIATION, INC.

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

Mailing Address
282 OCEAN PALM VILLAS NORTH #D
FLGLER BEACH FL 32136

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/30/1971

4. FEI Number
59-1396711
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: RUTH SCARDINO
82 Street Address (P.O. Box Number is Not Acceptable): 282 ocean Palm Dr N. #10
83
84 City: Flagler Beach, FL 85 Zip Code: 32136

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: RUTH SCARDINO Ruth Scardino 4-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	WARD, NANCY		1.2 NAME	ROBERT HUFFINES	
STREET ADDRESS	33 OCEAN PALM VILLA N		1.3 STREET ADDRESS	3 OCEAN PALM VILLA N.	
CITY-ST-ZIP	FLGLER BEACH FL 32136		1.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEST, KAREN		2.2 NAME		
STREET ADDRESS	21 OCEAN PALM VILLA N		2.3 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL		2.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	3.1 TITLE	MAINTAINENCE D.	☒ Change ☐ Addition
NAME	MAIER, TERESA		3.2 NAME		
STREET ADDRESS	40 OCEAN PALM DR N		3.3 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL 32136		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PAPE, MARY LOU		4. 2 NAME		
STREET ADDRESS	18 OCEAN PALM VILLA N		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL 32136		4.4 CITY-ST-ZIP		
TITLE	~~ATD~~	☐ DELETE	5.1 TITLE	TREASURER D.	☒ Change ☐ Addition
NAME	SCARDINO, RUTH		5.2 NAME		
STREET ADDRESS	10 OCEAN PALM DR N		5.3 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL 32136		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Ruth Scardino SIGNATURE REQUIRED RUTH SCARDINO 904-439-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #