

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90103 023 ****61.25

DOCUMENT # 721282

1. Corporation Name

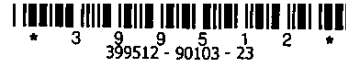
OCEAN PALM VILLA ASSOCIATION, INC.

Principal Place of Business

OCEAN PALM VILLAS NORTH
FLAGLER BEACH FL 32136

Mailing Address

282 OCEAN PALM VILLAS NORTH #0
FLAGLER BEACH FL 32136



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1971

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

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

RUTH SCARDINO

82 Street Address (P.O. Box Number is Not Acceptable)

282 Ocean Palm Villas 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

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME WARD, NANCY
STREET ADDRESS 33 OCEAN PALM VILLA N
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE SD ☐ DELETE
NAME WEST, KAREN
STREET ADDRESS 21 OCEAN PALM VILLA N
CITY-ST-ZIP FLAGLER BEACH FL

TITLE ~~TD~~ ☐ DELETE
NAME MAIER, TERESA
STREET ADDRESS 40 OCEAN PALM DR N
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE PD ☐ DELETE
NAME PAPE, MARY LOU
STREET ADDRESS 18 OCEAN PALM VILLA N
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ~~ATD~~ ☐ DELETE
NAME SCARDINO, RUTH
STREET ADDRESS 10 OCEAN PALM DR N
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME ROBERT HUFFINES
1.3 STREET ADDRESS 3 OCEAN PALM VILLA N.
1.4 CITY-ST-ZIP FLAGLER BEACH, FL 32136

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE MAINTAINENCE D. ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE TREASURER D. ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 RUTH SCARDINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-439-9050

0083414

CR2E037 (11/98)