FILED
Jul 10, 2001 8:00 am
Secretary of State
04-25-2001 90156 036 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721282

1. Entity Name

OCEAN PALM VILLA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
OCEAN PALM VILLAS NORTH FLAGLER BEACH FL 32136	282 OCEAN PALM VILLAS N #0 FLAGLER BEACH FL 32136

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAPE, MARY LOU 18 OCEAN PALM VILLAS NORTH FLAGLER BEACH FL 32136	Name ZYGMUNT P. OLBRYS, JR. Street Address (P.O. Box Number is Not Acceptable) 139 OCEAN PALM DR. City FLAGLER BEACH FL Zip Code 32136

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Zygmunt P. Olbrys, Jr., PD 4/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	VP HUFFINGS, ROBERT 3 OCEAN PALM VILLA N FLAGLER BEACH FL 32136	☐ Delete	TITLE VPD NAME Huffines, Bobby STREET ADDRESS Consultant CITY-ST-ZIP x Bobby Huffines	☐ Change ☐ Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	SD BURGSTALLER, VIRGINIA 7 OCEAN PALM VILLAS NORTH FLAGLER BEACH FL 32136	☐ Delete	TITLE TD NAME TREASURER STREET ADDRESS CITY-ST-ZIP x Virginia S. Burgstaller	☑ Change ☐ Addition
TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	D NICELY, RONALD 28 OCEAN PALM VILLAS NORTH FLAGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP x Ronald C. Nicely	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAPE, MARY LOU 18 OCEAN PALM VILLA N FLAGLER BEACH FL 32136	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	PD OLBRYS, ZYGMUNT JR 8 OCEAN PALM VILLAS NORTH FLAGLER BEACH FL 32136	☐ Delete	TITLE PD NAME OLBRYS ZYGMUNT STREET ADDRESS CITY-ST-ZIP x Zygmunt P. Olbrys, Jr.	☐ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	OLBRYS DIANE 8 Ocean Palm Villas North Flagler Beach FL 32136	☐ Delete	TITLE SD NAME SECRETARY STREET ADDRESS CITY-ST-ZIP x Diane R. Olbrys	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an entry in Block 10 or Block 11 if changed, or on an attachment with a blank in Block 10 or Block 11 if changed.

SIGNATURE: Zygmunt P. Olbrys, Jr. SIGNATURE REQUIRED President 3/28/01 (386) 439-1845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date Daytime Phone #