

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90025 026 ****61.25

DOCUMENT # 721282	
1. Entity Name OCEAN PALM VILLA ASSOCIATION, INC.	

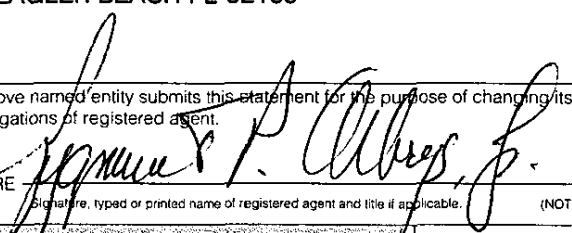
Principal Place of Business OCEAN PALM VILLAS NORTH FLAGLER BEACH FL 32136	Mailing Address 282 OCEAN PALM VILLAS N #D FLAGLER BEACH FL 32136
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2. Principal Place of Business	3. Mailing Address 282 Ocean Palm Villas N
Suite, Apt. #, etc.	Suite, Apt. #, etc. Unit # 0
City & State	City & State Flagler Beach FL
Zip	Zip 32136
Country	Country Flagler



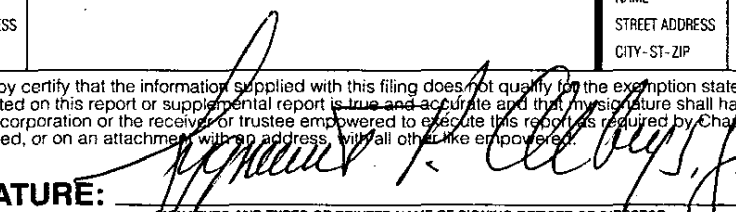
MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent OLBRY, JR., ZYGMUNT P 228 OCEAN PALM DR. FLAGLER BEACH FL 32136	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 2/2/04
(NOTE: Registered Agent signature required when reinstalling)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD	NAME HUFFINES, BOBBY	TITLE VPD	NAME Virginia Burgstaller
STREET ADDRESS 3 OCEAN PALM VILLA N	CITY-ST-ZIP FLAGLER BEACH FL 32136	STREET ADDRESS 7 Ocean Palm Villas N	CITY-ST-ZIP Flagler Beach, FL 32136
☒ Delete		☒ Change ☐ Addition	
TITLE TD	NAME OLBRY, DIANE	TITLE	NAME
STREET ADDRESS 8 OCEAN PALM VILLAS NORTH	CITY-ST-ZIP FLAGLER BEACH FL 32136	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE D	NAME JAMES, CAROL	TITLE	NAME
STREET ADDRESS 41 OCEAN PALM VILLAS, NORTH	CITY-ST-ZIP FLAGLER BEACH FL 32136	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE PD	NAME OLBRY, JR., ZYGMUNT P	TITLE	NAME
STREET ADDRESS 8 OCEAN PALM VILLAS NORTH	CITY-ST-ZIP FLAGLER BEACH FL 32136	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE SD	NAME SPOERKE, ELIZABETH	TITLE	NAME
STREET ADDRESS 38 OCEAN PALM VILLAS NORTH	CITY-ST-ZIP FLAGLER BEACH FL 32136	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
☐ Delete		☐ Change ☐ Addition	

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 address, with full other like empowered.	
SIGNATURE: 	DATE 2/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 439-1845	