2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

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 UNIT #0 FLAGLER BEACH, FL 32136

DO NOT WRITE IN THIS SPACE

03052005 No Chg-NP CR2E037 (10/03)

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

OLBRYS, JR., ZYGMUNT P
228 OCEAN PALM DR.
FLAGLER BEACH, FL 32136

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BURGSTALLER, VIRGINIA
STREET ADDRESS	7 OCEAN PALM VILLAS N
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	TD
NAME	OLBRYS, DIANE
STREET ADDRESS	8 OCEAN PALM VILLAS NORTH
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	D
NAME	JAMES, CAROL
STREET ADDRESS	41 OCEAN PALM VILLAS, NORTH
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	PD
NAME	OLBRYS, JR., ZYGMUNT P
STREET ADDRESS	8 OCEAN PALM VILLAS NORTH
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	SD
NAME	SPOERKE, ELIZABETH
STREET ADDRESS	38 OCEAN PALM VILLAS NORTH
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000256627
03/09/05-80022-008 61.25

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: Zygmunt P. Olbrys Jr. 3/5/05 386 439-1845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Zygmunt P. Olbrys, JR