

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-05-2007 90089 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 UNIT #0 FLAGLER BEACH FL 32136		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-1396711				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent OLBRY'S, 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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD BURGSTALLER, VIRGINIA 7 OCEAN PALM VILLAS N FLAGLER BEACH FL 32136	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Pape, Mary Lou 18 Ocean Palm Villas N Flagler Beach, FL 32136 (Director)	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD OLBRY'S, DIANE 8 OCEAN PALM VILLAS NORTH FLAGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Director)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JAMES, CAROL 41 OCEAN PALM VILLAS, NORTH FLAGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Director)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD OLBRY'S, JR., ZYGMUNT P 8 OCEAN PALM VILLAS NORTH FLAGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Helen Cunningham 2 Ocean Palm Villas North Flagler Beach, FL 32136	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Director)	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Director)	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Diane R. Olbrys</u> <u>Diane R. Olbrys</u> <u>1/27/07</u> <u>(38)</u> <u>439-1845</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					