

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726851 (9)

1. Corporation Name

OCEAN PALM VILLAS SOUTH CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

86 OCEAN PALM VILLAS S
FLAGLER BEACH FL 3213686 OCEAN PALM VILLAS S
FLAGLER BEACH FL 32136-42013. Date Incorporated or Qualified
07/03/19733a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAISER, JOHN R.
24 OCEAN PALM VILLAS SOUTH
FLAGLER BEACH FL 32136

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FORD, LOUISE	
STREET ADDRESS	34 OCEAN PALM VILLAS SOUTH	
CITY-ST-ZIP	FLAGLER BEACH FL	

TITLE	DSV	<input type="checkbox"/> DELETE
NAME	MCKEON, TIMOTHY	
STREET ADDRESS	57 OCEAN PALM VILLAS SOUTH	
CITY-ST-ZIP	FLAGLER BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PELSANG, ELMER	
STREET ADDRESS	52 OCEAN PALM VILLAS S	
CITY-ST-ZIP	FLAGLER BCH, FL 00000	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHUETTLE, GUENTER	
STREET ADDRESS	6 OCEAN PALM VILLAS SOUTH	
CITY-ST-ZIP	FLAGLER BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Gagnon	
1.3 STREET ADDRESS	70 Ocean Palm Villas S.	
1.4 CITY-ST-ZIP	Flagler Beach, FL 32134	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald Kober	
2.3 STREET ADDRESS	84 Ocean Palm Villas S.	
2.4 CITY-ST-ZIP	Flagler Beach, FL 32136	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

John Gagnon 3/6/97 904 441 5573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)