

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90102 021 ****61.25

DOCUMENT # 726851

1. Entity Name

OCEAN PALM VILLAS SOUTH CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

86 OCEAN PALM VILLAS S
 FLAGLER BEACH FL 32136

86 OCEAN PALM VILLAS S
 FLAGLER BEACH FL 32136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1559147

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

GAGNON, JOHN
 70 OCEAN PALM VILLAS S
 FLAGLER BEACH, FL 32136

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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 Delete
 NAME DP
 GAGNON, JOHN
 STREET ADDRESS 70 OCEAN PALM VILLAS S
 CITY-ST-ZIP FLAGLER BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DS
 MCKEON, TIMOTHY
 STREET ADDRESS 57 OCEAN PALM VILLAS SOUTH
 CITY-ST-ZIP FLAGLER BEACH FL

TITLE Change Addition
 NAME DS
 WAYNE WOODS
 STREET ADDRESS 38 OCEAN PALM DR. S.
 CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE Delete
 NAME D
 PELSANG, ELMER
 STREET ADDRESS 52 OCEAN PALM VILLAS S
 CITY-ST-ZIP FLAGLER BCH, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DT
 KOBER, DONALD
 STREET ADDRESS 84 OCEAN PALM VILLAS S
 CITY-ST-ZIP FLAGLER BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DV
 HALL, CHARLES
 STREET ADDRESS 33 OCEAN PALM VILLAS S
 CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 SCHUETTLER, GUS
 STREET ADDRESS SIX OCEAN PALM DR S.
 CITY-ST-ZIP FLAGLER BCH FL 32136

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Donald Kober **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-00

Daytime Phone #

904-677-0761

CR2E037 (9/99)