

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90017 019 \*\*\*\*\*61.25

**DOCUMENT # 726851**

1. Entity Name

**OCEAN PALM VILLAS SOUTH CONDOMINIUM ASSOCIATION,**

Principal Place of Business

**86 OCEAN PALM VILLAS S  
FLAGLER BEACH FL 32136**

Mailing Address

**86 OCEAN PALM VILLAS S  
FLAGLER BEACH FL 32136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1559147**

Applied For

Not Applicable

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:  
FEE 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	DP	<input type="checkbox"/> Delete
NAME	GAGNON, JOHN	
STREET ADDRESS	70 OCEAN PALM VILLAS S	
CITY-ST-ZIP	FLAGLER BEACH FL	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOU MAW	
STREET ADDRESS	1 LINWOOD AVE.	
CITY-ST-ZIP	WESTERLY, RI 02891	

TITLE	DS	<input type="checkbox"/> Delete
NAME	WOODS, WAYNE	
STREET ADDRESS	38 OCEAN PALM DR S	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOE TORDOKA	
STREET ADDRESS	75 OCEAN PALM VILLAS SOUTH	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	

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

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	KOBER, DONALD	
STREET ADDRESS	84 OCEAN PALM VILLAS S	
CITY-ST-ZIP	FLAGLER BEACH FL	

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

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HALL, CHARLES	
STREET ADDRESS	33 OCEAN PALM VILLAS S	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUETTLER, GUS	
STREET ADDRESS	SIX OCEAN PALM DR S.	
CITY-ST-ZIP	FLAGLER BCH FL 32136	

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUETTLER, GUS	
STREET ADDRESS	SIX OCEAN PALM DR. S.	
CITY-ST-ZIP	FLAGLER BCH, FL 32136	

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-25-01

Daytime Phone #

904-677-0761

CR2E037 (10/00)