


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90067 020 ****61.25

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| DOCUMENT # 726851 |  |
| 1. Entity Name OCEAN PALM VILLAS SOUTH CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 86 OCEAN PALM VILLAS S FLAGLER BEACH, FL 32136 | Mailing Address 86 OCEAN PALM VILLAS S FLAGLER BEACH, FL 32136 |
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94054131



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04122004 Chg-NP CR2E037 (10/03)

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

TONDORA, JOE
75 OCEAN PALM VILLAS S.
FLAGLER BEACH, FL 32136

7. Name and Address of New Registered Agent

Name **John Gagnon**
Street Address **70 Ocean Palm Villas S.**
City **Flagler Beach** FL Zip Code **32136**

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 *John Gagnon* *John Gagnon* *4/13/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TONDORA, JOE 75 OCEAN PALM VILLAS S. FLAGLER BEACH, FL 32136 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WOODS, WAYNE 38 OCEAN PALM DR S FLAGLER BEACH, FL 32136 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALFORD, RAYMOND 58 OCEAN PALM VILLAS S. FLAGLER BEACH, FL 32136 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PONTE, JOHN 62 OCEAN PALM VILLAS S. FLAGLER BEACH, FL 32136 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANN, DON 1 LINWOOD AVE WESTERLY, RI 02891 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'REILLY, ED 42 OCEAN PALM VILLAS S. FLAGLER BEACH, FL 32136 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Charles Hall 33 Ocean Palm Villas S Flagler Beach FL 32136 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Katie Vandervort 46 Ocean Palm Villas S. Flagler Beach FL 32136 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D John Gagnon 70 Ocean Palm Villas S. Flagler Beach, FL 32136 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Loretta Personius 18 Ocean Palm Villas S. Flagler Beach FL 32136 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D John Kaiser 36 Ocean Palm Villas S. Flagler Beach FL 32136 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John Gagnon* *4/13/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #