FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

737997



OCEAN VILLAS II, INCORPORATED

Principal Place of Business									
2400	ecu mu	₩	DDIVE						

DOCUMENT #

1. Corporation Name

Mailing Address

FT. PIERCE FL 34949

2400 SOUTH OCEAN DRIVE FT. PIERCE FL 34949



								3. Date Incorporated or Qualified 01/31/1977	3a. Date of 03/	Last Report 5/1995	
2. Principal Place of Business 2a. Ma			. Mailing Address				4. FEI Number		Applied For		
21			26	\$				59-1779027	Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7	3.75 Additional Fee Required		
City & State		28	City & Stale		Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be Added to Fees				
24	Zip	Country 25	29	Zιρ	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
					61	81 Name					
MAHER, GEORGE H. 2400 SOUTH OCEAN DRIVE				82	Street Addres	treet Address (P.O. Box Number is Not Acceptable)					
FT. PIERCE FL 34949					63						
						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 bite if applicable (NOTE: Rug stored Agent signature recurred when reinstating) DATE											

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. X DELETE Change X Addition 1.1 TITLE TIFLE CONNOR, JOHN NAME 1.2 NAME Starno, Rose 2400 S OCEAN DR 2400 S. Ocean Dr. STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL 1.4 CITY - ST - ZIP Ft. Pierce, FL 34949 CITY-ST-ZIP Change Addition DELETE TITLE 21 TITLE ۷D EIS. MICKEY 22 NAME NAME Eis, Mickey 2400 S. OCEAN DR. 2 3 STREET ADDRESS 2400 S. Ocean Dr. STREET ADDRESS FT. PIERCE FL. 2 4 CITY-ST-ZIP Ft. Pierce, FL 34949 CITY-ST-ZIP DELETE Change Addition TITLE PTD 31 TITLE FREY, EDWIN F 3 2 NAME NAME 2400 S OCEAN DR STREET ADDRESS 3 3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 3.4 CiTY-ST-ZIP XXDELETE Change ☐ Addition 4 1 TITLE TITLE CARBONARA, REGINA 4 2 NAME NAME 2400 S OCEAN DR 4.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL 44 CITY-ST-ZIP CITY-\$T-ZIO Change DELETE Addition TITLE **VPD** 51 TITLE **ASD** BERNHEIM, LOU NAME 5.2 NAME Bernheim, Lou 2400 S OCEAN DR 5.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition SD TITLE **ASD** 6 1 TITLE CLARK, VIRGINIA NAME 6.2 NAME Clark, Virginia STREET ADDRESS 2400 S. OCEAN DR. 6 3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

4/25/96 (407) 489-0300