

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0055781

DOCUMENT # 740969

02-01-2001 90094 026 ****61.25

1. Entity Name

DELRAY OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

1000 OCAEN TERRACE
 DELRAY BEACH FL 33483
 US

1000 OCAEN TERRACE
 DELRAY BEACH FL 33483
 US

911210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1783353

Applied For

Not Applicable

Zip

Country

Zip

Country

33403

USA

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

PUGH, DAVID J
 235 NE 6TH AVE
 DELRAY BEACH FL 33483

Name: **SERGIO'S PROPERTY Management, Inc.**
 Street Address (P.O. Box Number is Not Acceptable): **100 Venetian Drive**

City: **Delray Beach** State: **FL** Zip Code: **33403**

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

John H. Sergio, President *John H. Sergio*

1/25/01

**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	SDP	<input type="checkbox"/> Delete
NAME	KOHLER, DONALD F	
STREET ADDRESS	316 JARVIS LN	
CITY-ST-ZIP	LOUISVILLE, FL 00000	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	PRICE, RONALD	
STREET ADDRESS	840 RIVER ROAD	
CITY-ST-ZIP	BEAVER PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUGH, DAVID J	
STREET ADDRESS	235 NE 6TH AVE.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUAY, CAROLYN	
STREET ADDRESS	1000 OCEAN TERR B	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dunn, Wayne	
STREET ADDRESS	304 Cedarwood Lane	
CITY-ST-ZIP	Anderson, SC 29624	
TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, Ronald	
STREET ADDRESS	300 W Street, Apt. 11	
CITY-ST-ZIP	BEAVER, PA 15009-1959	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 F. Kohler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01 (617) 278-6588
 Date Daytime Phone #

CR2E037 (10/00)