

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **758301** (6)

1. Corporation Name
DRIFTWOOD OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.

95 FEB -9 AM 11:22

Principal Place of Business Mailing Address
3150 OCEAN DRIVE VERO BEACH FL 32963-1954

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/13/1981	3a. Date of Last Report 01/28/1994
4. FEI Number 59-2130838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**RADLET, JEANNE L.
3150 OCEAN DRIVE
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LANGBEHN, MYRA
STREET ADDRESS	1296 ST LUCIE BLV SE
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	HENDERSON, CHARISSE
STREET ADDRESS	3150 OCEAN DRIVE
CITY-ST-ZIP	VERO BEACH FL
TITLE	ST
NAME	VOLKERT, LEON
STREET ADDRESS	2300 CORPORATE BLVD #232
CITY-ST-ZIP	BOCA RATON FL
TITLE	P
NAME	BYRON, JAMES
STREET ADDRESS	162 HEMET ST.
CITY-ST-ZIP	N. PORT ST. LUCIE FL
TITLE	D
NAME	YAHN, PATRICIA
STREET ADDRESS	6530 NAEFF ROAD
CITY-ST-ZIP	FAIRVIEW PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	myraLangbehn
1.3 STREET ADDRESS	1296stlucieBlvdSE
1.4 CITY-ST-ZIP	stuart.FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LeonVolkert
3.3 STREET ADDRESS	2300 Corporate Blvd #232
3.4 CITY-ST-ZIP	BocaRaton.FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with no change.

SIGNATURE: _____ DATE: 1-30-95 TIME: 407-997-2325