## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

758301

(6)

DRIFTWOOD OCEAN VILLAS CONDOMINIUM ASSOCIATION. INC.

Principal Place of Business Mailing Address 3150 OCEAN DRIVE 3150 OCEAN DRIVE VERO BEACH FL 32963-1954 VERO BEACH FL 32963-1954 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1981 02/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2130838 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 🔲 No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name RADLET, JEANNE L. **B2** Street Address (P.O. Box Number is Not Acceptable) 3150 OCEAN DRIVE 83 VERO BEACH FL 32963 84 Zip Code 85 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 title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) TITLE **VD** ☐ DELETE 1.1 DILE **Change** Addition Lanabenn, MYRA LANGBEHN, MROU NAME 1.2 NAME 1296 ST. Lucre BludsE 1296 STILACIE BLVD SE STREET ADDRESS 1.3 STREET ADDRESS STUART FL Stuart.FC CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ☐ Addition 2.1 TITLE Change NAME HENDERSON, CHARISSE 2.2 NAME 3150 OCEAN DRIVE STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME VOLKERT, LEON 3.2 NAME 2300 CORPORATE BLVD #232 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Addition NAME BYRON, JAMES 4, 2 NAME STREET ADDRESS 162 HEMET ST. 4.3 STREET ADDRESS N. PORT ST. LUCIE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE \_\_\_ Change Addition NAME YAHN, PATRICIA 5.2 NAME STREET ADDRESS 6530 NAEFF ROAD 5.3 STREET ADDRESS FAIRVIEW PA CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE

14. I do 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 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 of 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 change with an address

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

**6.1 TITLE** 

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

Addition

**FILED** 

Jan 24 1997 8:00am

Secretary of State