


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90262 027 ****61.25

DOCUMENT # 758301

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



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

Mailing Address
**3150 OCEAN DRIVE
VERO BEACH FL 32963-1954**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2130838**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
Not Applicable



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RADLET, JEANNE L.
3150 OCEAN DRIVE
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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	VD	<input type="checkbox"/> Delete
NAME	LANGBENN, MYRA	
STREET ADDRESS	1296 ST. LUCIE BLVD SE	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, CHARISSE	
STREET ADDRESS	3150 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VOLKERT, LEON	
STREET ADDRESS	2300 CORPORATE BLVD #232	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BYRON, JAMES	
STREET ADDRESS	162 HEMET ST.	
CITY-ST-ZIP	N. PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAHN, PATRICIA	
STREET ADDRESS	6530 NAEFF ROAD	
CITY-ST-ZIP	FAIRVIEW PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *Signature* Date: 2/10/03 Daytime Phone #: 7722310550

CR2E037 (10/02)