

**DOCUMENT # N02163**

1. Entity Name  
**THE OCEAN VIEW MANOR MANAGEMENT CORPORATION, INC**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90091 022 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
3600 S. OCEAN SHORE BLVD.      3600 S. OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136-4156      FLAGLER BEACH FL 32136-4156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2611712**      Applied For  
Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**BUCK, JEANIE**  
**3600 S. OCEAN SHORE BLVD.**  
**FLAGLER BEACH FL 32036**

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.

SIGNATURE *Jeanie Buck*      *Jeanie Buck*      1-6-01  
Signature, typed or printed name of registered agent and title if applicable.      (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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD**       Delete  
NAME **DEAL, DON JR**  
STREET ADDRESS **1580 LAMBERT AVE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **SD**       Change       Addition  
NAME **STAN MASCOFFE**  
STREET ADDRESS **3600 S. Ocean Shore**  
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE **PD**       Delete  
NAME **LAUTER, SUE**  
STREET ADDRESS **3600 S OVEAN SHORE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **D**       Change       Addition  
NAME **JAY Hamdian**  
STREET ADDRESS **3600 S. Ocean Shore**  
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE **TD**       Delete  
NAME **CAMPBELL, JO**  
STREET ADDRESS **3600 S OCEAN SHORE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**       Delete  
NAME **COOK, TOM**  
STREET ADDRESS **3600 S OCEAN SHORE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**       Delete  
NAME **PARSONS, MARVIN**  
STREET ADDRESS **3600 S OCEAN SHORE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**       Delete  
NAME **SALVADOR, DOMINGO**  
STREET ADDRESS **3600 S. OCEAN SHORE**  
CITY-ST-ZIP **FLAGLER BEACH FL**

TITLE       Change       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 [Signature] (director)*      1-6-01      904-439-5024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

00063

CR2E037 (10/00)