

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # **N31770 (3)**
1. Corporation Name
OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
~~300~~ **CARDINAL DR.**
ORMOND BEACH FL 32176-8148
US
~~400~~ **CARDINAL DRIVE**
ORMOND BEACH FL 32176-8148-
US

3. Date Incorporated or Qualified **04/18/1989** 3a. Date of Last Report **09/14/1995**
4. FEI Number **22-3054145** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **229 Cardinal Drive** 26 **P.O. Box 2107**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ormond Beach, FL** 27 **Ormond Beach, FL**
City & State City & State
23 **Ormond Beach, FL** 28 **Ormond Beach, FL**
Zip **32176-8149** Country **U.S.A.** Zip **32176** Country **U.S.A.**
24 **Volusia** 29 **Volusia** 30 **Volusia**

9. Name and Address of Current Registered Agent
WATSON, E JOHN
206 CARDINAL DRIVE
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent
81 Name **Dahyabhai S. Patel**
82 Street Address (P.O. Box Number is Not Acceptable)
229 Cardinal Drive
83
84 City **Ormond Beach** FL 85 Zip Code **32176**

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]* DATE **2-6-96**
Signature: Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, E JOHN	
STREET ADDRESS	3724 W. TOPEKA DR.	
CITY - ST - ZIP	GLENDALE AZ 85308	
TITLE	FD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, PAMELA	
STREET ADDRESS	206 CARDINAL DR.	
CITY - ST - ZIP	ORMOND BEACH FL 32176	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GEICO, ANDY	
STREET ADDRESS	13240 N. 7TH ST. SUITE 0	
CITY - ST - ZIP	PHOENIX FL 05022	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D.S. Patel	
1.3 STREET ADDRESS	229 Cardinal Drive	
1.4 CITY - ST - ZIP	Ormond Beach, FL 32176	
2.1 TITLE	VP. S. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANITA D. PATEL	
2.3 STREET ADDRESS	229 Cardinal Drive	
2.4 CITY - ST - ZIP	Ormond Beach, FL 32176	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD G. WHEELER	
3.3 STREET ADDRESS	229 Cardinal Drive	
3.4 CITY - ST - ZIP	Ormond Beach, FL 32176	
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)(k), 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 or 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 changed, or on an attachment with an address.

SIGNATURE: *Richard G Wheeler* DATE: **JANUARY 17 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **904-677-8852**

CR2E037 (12/95)