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Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
229 CARDINAL DR ORMOND BEACH FL 32176-8149 US
PO BOX 2107 ORMOND BEACH FL 32175-2107 US

3. Date Incorporated or Qualified 04/18/1989 3a. Date of Last Report 03/04/1996
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PATEL, DAHYABHAI S.
229 CARDINAL DR
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PDT PATEL, D.S. 229 CARDINAL DR ORMOND BCH FL
NAME PATEL, ANITA D. 229 CARDINAL DR ORMOND BEACH FL
NAME WHEELER, RICHARD G. 229 CARDINAL DR ORMOND BCH FL
NAME
NAME
NAME
NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Secretary/Director
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Director
32 NAME Ingrid NAGY
33 STREET ADDRESS 23 Cleary Ave. Butler, NJ 07405
34 CITY-ST-ZIP V.P./DIR.
41 TITLE
42 NAME Dr. Nick Sileo
43 STREET ADDRESS 130A Cardinal Drive
44 CITY-ST-ZIP Ormond Beach, FL. 32176
51 TITLE DIRECTOR
52 NAME Joseph Bollow
53 STREET ADDRESS 133 Cardinal Drive
54 CITY-ST-ZIP Ormond Beach, FL. 32176
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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: *D. Patel* D.S. PATEL/president 1697 (904) 677-9013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)