

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90072 050 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N31770**

1. Corporation Name

**OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC**

160963 - 90072 - 50

Principal Place of Business

~~229 CARDINAL DR~~  
~~ORMOND BEACH FL 32176-8149~~  
~~UG~~

Mailing Address

PO BOX 2107  
 ORMOND BEACH FL 32175-2107  
 US



2. Principal Place of Business

21 **635 Flamingo Drive**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**04/18/1989**

22 Suite, Apt. #, etc.

**club house**

27 Suite, Apt. #, etc.

4. FEI Number

**22-3054145**

Applied For

Not Applicable

23 City & State

**ORMOND Beach, FL.**

28 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

**32176**

25 Country

**U.S.A.**

29 Zip

30 Country

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be Added to Fees

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)

**130 S. ATLANTIC**

83

84 City

**ORMOND BEACH FL**

85 Zip Code

**32125**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
<del>PAT</del>	<b>PATEL, D.S.</b>	<del>229 CARDINAL DR</del> <b>ORMOND BCH FL</b>		<input type="checkbox"/>
<del>D</del>	<b>PATEL, ANITA</b>	<del>229 CARDINAL DR</del> <b>ORMOND BEACH FL 32176</b>		<input checked="" type="checkbox"/>
<del>D</del>	<b>NAGY, INGRID</b>	<del>23 CLEARY AVENUE</del> <b>BUTLER NJ</b>		<input checked="" type="checkbox"/>
<del>D</del>	<b>SILEO, DR NICK</b>	<del>130A CARDINAL DRIVE</del> <b>ORMOND BEACH FL</b>		<input type="checkbox"/>
<del>D</del>	<b>SMITH, MARVIN</b>	<del>156B CARDINAL DR</del> <b>ORMOND BEACH FL 32176</b>		<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>DIRECTOR</b>		<b>242A NORTH SHORE DRIVE</b>	<b>ORMOND BEACH, FL. 32176</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>Treasurer</b>	<b>Ragene A. Heath</b>	<b>131 Woodhaven Cir E.</b>	<b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>Director, Secretary</b>	<b>Wendell Kigley</b>	<b>103-B Cardinal Dr</b>	<b>ORMOND BEACH, FL 32176</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>President - Disputed</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>DV</b>			<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

2-8-99 904-677-9013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)