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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N31770

Principal Place of Business

THIOND BEACH FL 32176-8149

2. Principal Place of Business

club

City & State

550 CARDINAL DO

OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

PO BOX 2107

ORMOND BEACH FL 32175-2107

US

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

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

160963 - 90072 - 50

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Applied For

Fee Required . -

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

10. Name and Address of New Registered Agent

04/18/1989

22-3054145

4. FEI Number

TITLE PATEL, D.S. STREET ADDRESS STREET ADDRESS ORMOND BCH FL OR	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
229 CARDINAL DR ORMAND BEACH FL 32176 44 City Command Reach FL 85 Zip Code 32 10 S. The 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. MOTE Replieved Agent signature required when reliamation. OFFICERS AND DIRECTORS IN 12. 12. NOTE Replieved Agent signature required when reliamation. PATEL, D.S. STREET ADDRESS 23. CARDINAL-SR 13. TITLE PATEL, D.S. STREET ADDRESS 23. CARDINAL-SR 13. TITLE 12. TITLE PATEL, D.S. STREET ADDRESS 23. CARDINAL-SR 13. STREET ADDRESS 34. CITY-ST-ZP ORMOND BEACH FL 32176 DELETE 1.1 TITLE 1.2 TITLE 1.2 TITLE 2.2 NAME 2.2 NAME 2.2 NAME 2.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZP STREET ADDRESS 3.5 STREET ADDRE			81	Name	,		
229 CARDINAL DR ORMAND BEACH FL 32176 44 City Command Reach FL 85 Zip Code 32 10 S. The 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. MOTE Replieved Agent signature required when reliamation. OFFICERS AND DIRECTORS IN 12. 12. NOTE Replieved Agent signature required when reliamation. PATEL, D.S. STREET ADDRESS 23. CARDINAL-SR 13. TITLE PATEL, D.S. STREET ADDRESS 23. CARDINAL-SR 13. TITLE 12. TITLE PATEL, D.S. STREET ADDRESS 23. CARDINAL-SR 13. STREET ADDRESS 34. CITY-ST-ZP ORMOND BEACH FL 32176 DELETE 1.1 TITLE 1.2 TITLE 1.2 TITLE 2.2 NAME 2.2 NAME 2.2 NAME 2.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZP STREET ADDRESS 3.5 STREET ADDRE	PATEL DA	LHYARHAI S	82	Street	Address (P.O. Box Number is Not Acceptable)		
ORMOND BEACH FL 32176 13. B4 City CYM CAN Reach FL 85 32 13 21 3 21 3 21 3 21 3 21 3 2 13 2 13 2 2 3 2 3			-				
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 agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby eccept the expointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby eccept the expointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PATEL, D.S. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 14. TITLE PATEL, D.S. 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 14. TITLE OFFICERS AND DIRECTORS IN 12. 14. TITLE OFFICERS AND DIRECTORS IN 12. 14. TITLE OFFICERS AND DIRECTORS IN 12. 15. TITLE OFFICERS AND DIRECTORS IN 12. 16. TITLE OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. TITLE OFFICERS AND DIRECTOR	- 		83				
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation studies that the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, i and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or protect care of inspitenced agent and the "applicables." OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 TITLE PATEL, D.S. STREET ADDRESS ORMOND BCH FL STREET ADDRESS ORMOND BCH FL STREET ADDRESS ORMOND BEACH FL 32176 DELETE 1 TITLE D- NAGY, INCRID- STREET ADDRESS STREET	OMMOND	BEROIT I COM	J.	<u> </u>	ge Zin Code		
11. Persuant is 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, to and the purpose of changing its registered office or robin, in the State of Florida, Statutes, speed or protect care of registered agent submits this statement for the purpose of changing its registered office or robin, in the State of Florida, Statutes and the purpose of protect care of registered agent and the it spolitable. 12.			84	City /	mmmd Reach FL 32125		
Signature, paged or printed camered agent and the filipplicature. 12. OFFICERS AND DIRECTORS TITLE PATEL, D.S. STREET ADDRESS STREET ADDRESS OR MON BCH FL TITLE PATEL, ANTITA DELETE 1.1 TITLE PATEL, ANTITA DELETE 2.1 TITLE PATEL, ANTITA 2.2 SAME 2.2 STREET ADDRESS OR MON BCH FL TITLE PATEL, ANTITA 2.2 STREET ADDRESS OR MON BCH FL TITLE PATEL, ANTITA 2.3 STREET ADDRESS OR MON BEACH FL 32176 TITLE DAMAGY, INCRID— STREET ADDRESS OR MON BEACH FL 32176 DELETE 3.1 TITLE AGY STREET ADDRESS OR MON BEACH FL 32176 DELETE 3.1 TITLE AGY STREET ADDRESS OR MON BEACH FL 32176 DELETE 3.1 TITLE AGY STREET ADDRESS OR MON BEACH FL 32176 DELETE 3.1 TITLE AGY STREET ADDRESS OR MON BEACH FL 32176 DELETE 3.1 TITLE AGY STREET ADDRESS OR MON BEACH FL 32176 DELETE 4.1 TITLE AGY STREET ADDRESS OR MON BEACH FL 3.2 TITLE AGY STREET ADDRESS OR MON BEACH FL 3.3 TITLE AGY STREET ADDRESS OR MON BEACH FL 3.4 CITY-ST-ZP ORMON BEACH FL 3.5 TITLE AGY STREET ADDRESS OR MON BEACH	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 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						
TITLE PATEL, DS. STREET ADDRESS 220 CARDINAL BR ORWOND BCH FL TITLE DYRECTOR 1.1 TITLE 1.1 TITLE 1.2 NAME 2.2 NO YM Shove Shive ORMOND BCH FL TITLE DYRECTOR 1.3 STREET ADDRESS 2.4 CITY-ST-ZP ORMOND BCH FL TITLE DYRECTOR 1.4 CITY-ST-ZP ORMOND BCH FL TITLE DYRECTOR 1.5 STREET ADDRESS 2.4 CITY-ST-ZP ORMOND BCH FL TITLE DYRECTOR TOWN ST-ZP ORMOND BCH FL 1.1 TITLE DYRECTOR TOWN ST-ZP ORMOND BCH FL 1.1 TITLE DYRECTOR TOWN ST-ZP ORMOND BCH FL 1.1 TITLE DYRECTOR TOWN ST-ZP ORMOND BCH FL TOWN ST-ZP TOWN ST-ZP ORMOND BCH FL TITLE DYRECTOR TOWN ST-ZP ORMOND BCH FL TOWN ST-ZP TOWN ST-ZP ORMOND BCH FL TITLE DELETE SI TITLE DYRECTOR TOWN ST-ZP TOWN ST-ZP TOWN ST-ZP TOWN ST-ZP ORMOND BCH FL TOWN ST-ZP	SIGNATURE	Signature, board or printed game of registered agent and title if applicable. (NOTE: Re	gistered Age	nt signature	reduction removality		
MAME PATEL DS. 29 CARDINAL DR CITY-ST-ZP ORMOND BCH FL DELETE DE	12.		13.				
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CITY-ST-7IP 6.4 CITY-ST-ZIP	NAME						
GIY-SI-7P	STREET ADDRESS						
	CITY-ST-ZIP				d - Coding 440 07/20/0 Florida Statutes I further earlife that the information		

Country

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indicated on this annual report or supplied with an additional 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 an an attachment with an appress, with all other like empowered.

REQUIRED SIGNATURE: X

904-677-9013 Daytime Phone #