

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90002 024 ****61.25

DOCUMENT # N31770

1. Entity Name

OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

635 FLAMINGO DR
 CLUB HOUSE
 ORMOND BEACH FL 32176
 US

Mailing Address

~~PO BOX 2107
 ORMOND BEACH FL 32175-2107
 US~~

2. Principal Place of Business

635 Flamingo Drive

3. Mailing Address

635 Flamingo Drive

Suite, Apt. #, etc.

Clubhouse

Suite, Apt. #, etc.

Clubhouse

City & State

Ormond Beach FL

City & State

Ormond Beach FL

4. FEI Number

22-3054145

Applied For

Not Applicable

Zip

32176

Country

USA

Zip

32176

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~SILEO, NICHOLAS G
 220 ARNINGTON WAY
 ORMOND BEACH FL 32176~~

7. Name and Address of New Registered Agent

Name

Ruth Ryan

Street Address (P.O. Box Number is Not Acceptable)

10A Oriole Circle

City

Ormond Beach FL

FL

Zip Code 32176

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

Ruth Ryan Ruth Ryan Secretary

4/27/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, D.S.	
STREET ADDRESS	242A NORTHSHORE DR	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HEATH, RAGENE A	
STREET ADDRESS	131 WOODHAVEN CIR E	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KEGLEY, WENDELL	
STREET ADDRESS	103-B CARDINAL DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SILEO, DR NICK	
STREET ADDRESS	130A CARDINAL DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MARVIN	
STREET ADDRESS	156B CARDINAL DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert McGrath	
STREET ADDRESS	635 Flamingo Drive	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Schultheis	
STREET ADDRESS	5946 Dashwood Drive	
CITY-ST-ZIP	Bethel Park PA 15102	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank DiGregorio	
STREET ADDRESS	22 Anthony Lane	
CITY-ST-ZIP	Holbrook, NY 11741	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Ransom	
STREET ADDRESS	3 Brookwood Drive	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Ryan	
STREET ADDRESS	10A Oriole Circle	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

~~SILEO, NICHOLAS G~~ Ruth Ryan

Ryan (Sec) 4/27/00

(904) 677-9013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)