

FILED  
May 18, 2001 8:00 am  
Secretary of State

04-25-2001 90079 048 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31770  
 1. Entity Name  
 OCEAN VILLAGE VILLAS HOMEOWNERS ASSOCIATION, INC

Principal Place of Business      Mailing Address  
 635 FLAMINGO DR      635 FLAMINGO DR  
 CLUB HOUSE      CLUB HOUSE  
 ORMOND BEACH FL 32176      ORMOND BEACH FL 32176  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
 22-3054145      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RYAN, RUTH  
 10 A ORIOLE CIRCLE  
 ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent  
 Name: KATHLEEN A MADDEN  
 Street Address (P.O. Box Number is Not Acceptable): 635 Flamingo Dr  
Ormond Beach  
 City:      State: 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 KATHLEEN A MADDEN Kathleen A Madden 4-19-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MC GARTH, ROBERT D <input type="checkbox"/> Delete 635 FLAMINGO DRIVE ORMOND BCH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHULTHEIS, JANICE D <input type="checkbox"/> Delete 5946 DASHWOOD DRIVE BETHEL PARK PA 15102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DI GREGORIO, FRANK D <input type="checkbox"/> Delete 22 ANTHONY LANE HOLBROOK NY 11741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANSOM, MARGARET <input checked="" type="checkbox"/> Delete 3 BROOKWOOD DRIVE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, RUTH <input checked="" type="checkbox"/> Delete 10 A ORIOLE CIRCLE ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. KATHLEEN A MADDEN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 843 Riverside Dr D Ormond Beach FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

12. 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 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: KATHLEEN A MADDEN Kathleen A Madden 4-19-01 677-9013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #