


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

02-24-2003 90173 046 ****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
**635 FLAMINGO DR
CLUB HOUSE
ORMOND BEACH FL 32176
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3054145** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MADDEN, KATHLEEN A
635 FLAMINGO DR.
ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent
Name **Cherie L. Hull**
Street Address (P.O. Box Number is Not Acceptable)
768-A Flamingo Drive
City **Ormond Beach** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cherie L. Hull Secretary* DATE 2/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CARDINAL, THEODORE P O BOX 2010 ORMOND BEACH FL 32175-2010 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SCHULTHEIS, JANICE 5946 DASHWOOD DRIVE BETHEL PARK PA 15102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OVPS DI GREGORIO, FRANK 22 ANTHONY LANE HOLBROOK NY 11741 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MADDEN, KATHLEEN A 843 RIVERSIDE DR. ORMOND BEACH FL 32176 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| 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 | S Cherie L. Hull 768-A Flamingo Drive Ormond Beach, FL 32176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Cary Martin 1970 Antioch Rd. Cumming, GA 30040 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 file 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...

SIGNATURE: *Cherie L. Hull* DATE 2/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

CR2E037 (10/02)