

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90008 004 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000002488**

**1. Corporation Name**

**OCEAN VILLAGE COMMERCIAL CONDOMINIUM ASSOCIATION  
, INC.**

**Principal Place of Business**

~~229 CARDINAL DRIVE~~  
ORMOND BEACH FL 32176  
**242B Northshore**

**Mailing Address**

~~229 CARDINAL DRIVE~~  
ORMOND BEACH FL 32176  
**P.O. Box 2042**  
**Ormond Bch, FL 32175**



**2. Principal Place of Business**

**21 242B Northshore**  
Suite, Apt. #, etc.

**22**  
City & State.

**23 Ormond Beach, FL.**

**24 32176** **25 U.S.A.**

**2a. Mailing Address**

**26 P.O. Box 2042**  
Suite, Apt. #, etc.

**27**  
City & State

**28 Ormond Beach, FL.**

**29 32175** **30 U.S.A.**

**3. Date Incorporated or Qualified**

**04/29/1998**

**4. FEI Number**

**Has applied for**

☒ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired**

**8.75 Additional Fee Required**

**6. Election Campaign Financing  
Trust Fund Contribution**

☐ **5.00 May Be Added to Fees**

**9. Name and Address of Current Registered Agent**

**PATEL, D S**  
**3000 NO. ATLANTIC AVE. #5**  
**DAYTONA BEACH FL 32118**

**10. Name and Address of New Registered Agent**

**81 Name**

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

**83**

**84 City**

**FL**

**85 Zip Code**

**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	<b>Patel, D.S., PVP, S, TR, DIR</b>	<input type="checkbox"/> DELETE
NAME	<b>PO Box 2042</b>	
STREET ADDRESS	<b>OB, FL 32175</b>	
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Patel ANITA</b>	
STREET ADDRESS	<b>PO Box 2042</b>	
CITY-ST-ZIP	<b>OB, FL 32175</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>Ingrid NAFY</b>	
STREET ADDRESS	<b>23 Cleary Ave.</b>	
CITY-ST-ZIP	<b>Butler, NJ 07046</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/99**

**677-5379**  
**904-679-0322**

Daytime Phone #