


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 A.M
Secretary of State

DOCUMENT # N98000002488	
1. Entity Name OCEAN VILLAGE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 231 CARDINAL DR ORMOND BEACH, FL 32176 US	Mailing Address P.O. BOX 2180 ORMOND BEACH, FL 32175 US
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DO NOT WRITE IN THIS SPACE

01192004 No Chg-NP CR2E037 (10/03) *MRB*

4. FEI Number 59-3604782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUDIAISKY, MARK H
1774 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

**DO NOT WRITE
IN THIS SPACE**

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 *Mark H. Budiansky* MARK H. Budiansky DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BUDIAISKY, MARK H P.O. BOX 2180 ORMOND BEACH, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEWIS, RAYNE 242A NORHTSHORE DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEYERS, PAM 242B NORTHSHORE DRIVE ORMOND BEACH, FL 32176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/04--01043--006 **61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Mark H. Budiansky* MARK H. Budiansky (386) 253-8565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #