

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90484 030 \*\*\*\*61.25

**DOCUMENT # 726851**

1. Entity Name

**OCEAN PALM VILLAS SOUTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**88 OCEAN PALM VILLAS S  
FLAGLER BEACH FL 32136**

Mailing Address

**88 OCEAN PALM VILLAS S  
FLAGLER BEACH FL 32136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1559147**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAGNON, JOHN  
70 OCEAN PALM VILLAS S  
FLAGLER BEACH FL 32136**

Name

**JOE TONDORA**

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

**75 OCEAN PALM VILLAS SOUTH**

City **FLAGLER BEACH**

FL

Zip Code

**32136**

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

*Joe Tondora*

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

(NOTE: Registered Agent signature required when reinstating)

**2-16-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | DP                     | <input checked="" type="checkbox"/> Delete |
| NAME           | GAGNON, JOHN           |                                            |
| STREET ADDRESS | 70 OCEAN PALM VILLAS S |                                            |
| CITY-ST-ZIP    | FLAGLER BEACH FL       |                                            |
| TITLE          | DS                     | <input type="checkbox"/> Delete            |
| NAME           | WOODS, WAYNE           |                                            |
| STREET ADDRESS | 38 OCEAN PALM DR S     |                                            |
| CITY-ST-ZIP    | FLAGLER BEACH FL 32136 |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | PELSANG, ELMER         |                                            |
| STREET ADDRESS | 52 OCEAN PALM VILLAS S |                                            |
| CITY-ST-ZIP    | FLAGLER BCH, FL 00000  |                                            |
| TITLE          | DT                     | <input type="checkbox"/> Delete            |
| NAME           | KOBER, DONALD          |                                            |
| STREET ADDRESS | 84 OCEAN PALM VILLAS S |                                            |
| CITY-ST-ZIP    | FLAGLER BEACH FL       |                                            |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | MANN, DON              |                                            |
| STREET ADDRESS | 1 LINWOOD AVE          |                                            |
| CITY-ST-ZIP    | WESTERLY RI 02891      |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHUETTLER, GUS        |                                            |
| STREET ADDRESS | SIX OCEAN PALM DR S.   |                                            |
| CITY-ST-ZIP    | FLAGLER BCH FL 32136   |                                            |

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | PRESIDENT                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOE TONDORA                |                                                                              |
| STREET ADDRESS | 75 OCEAN PALM VILLAS SOUTH |                                                                              |
| CITY-ST-ZIP    | FLAGLER BCH FL 32136       |                                                                              |
| TITLE          | VICE PRESIDENT             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WOODS, WAYNE               |                                                                              |
| STREET ADDRESS | 38 OCEAN PALM DR S.        |                                                                              |
| CITY-ST-ZIP    | FLAGLER BCH FL 32136       |                                                                              |
| TITLE          | SECRETARY                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RAYMOND ALFORD             |                                                                              |
| STREET ADDRESS | 58 OCEAN PALM VILLAS S.    |                                                                              |
| CITY-ST-ZIP    | FLAGLER BEACH, FL 32136    |                                                                              |
| TITLE          | DIRECTOR                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOHN PONTE                 |                                                                              |
| STREET ADDRESS | 62 OCEAN PALM VILLAS SOUTH |                                                                              |
| CITY-ST-ZIP    | FLAGLER BEACH, FL 32136    |                                                                              |
| TITLE          | DIRECTOR                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ED OREILLY                 |                                                                              |
| STREET ADDRESS | 42 OCEAN PALM VILLAS SOUTH |                                                                              |
| CITY-ST-ZIP    | FLAGLER BCH, FL 32136      |                                                                              |
| 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)(f), 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:

**SIGNATURE REQUIRED**

*Joe Tondora*

**3-13-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)