

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90180 044 \*\*\*\*61.25

**DOCUMENT # N98000002488**

1. Entity Name

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



Principal Place of Business

242B NORTHSHORE  
ORMOND BEACH FL 32176  
US

Mailing Address

P.O. BOX 2042  
ORMOND BEACH FL 32175  
US

2. Principal Place of Business

231 CARDINAL DR

3. Mailing Address

P.O. BOX 2180

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORM BCH FL

City & State

ORM BCH FL

Zip

32176

Country

Zip

32175

Country

4. FEI Number 59-3604782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

MARK H. BUDIAISKY

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

1774 JOHN ANDERSON DR

City

ORM BCH

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

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD  
NAME PATEL, D.S. ☒ Delete  
STREET ADDRESS P.O. BOX 2042  
CITY-ST-ZIP ORMOND BEACH FL 32175

TITLE VPD  
NAME LEWIS, RAYNE ☐ Delete  
STREET ADDRESS 242A NORTHSHORE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE SD  
NAME MEYERS, PAM ☐ Delete  
STREET ADDRESS 242B NORTHSHORE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD  
NAME MARK H BUDIAISKY ☒ Change ☐ Addition  
STREET ADDRESS P.O. BOX 2180  
CITY-ST-ZIP ORM BCH FL 32175

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Signature and typed or printed name of signing officer or director

1/23/02 3862558565

CR2E037 (10/02)