

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721282

**Entity Name:** OCEAN PALM VILLA ASSOCIATION, INC.**Current Principal Place of Business:**OCEAN PALM VILLAS NORTH  
FLAGLER BEACH, FL 32136**Current Mailing Address:**411 S CENTRAL AVE STE B  
FLAGLER BEACH, FL 32136 US**FEI Number:** 59-1396711**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PREFERRED MANAGEMENT SERVICES INC  
411 S CENTRAL AVE STE B  
FLAGLER BEACH, FL 32136 US*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.***SIGNATURE:** LEA STOKES

04/11/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SMITH, STEVE  
Address 411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR  
Name YEAGER, GEORGE  
Address 411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title PRESIDENT  
Name LEVINE, MARY  
Address 411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title D  
Name MCCARTHY, MIKE  
Address 411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title SECRETARY  
Name CRADDOCK, CARL  
Address 411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title TREASURER  
Name NELSON, REBECCA  
Address 411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE SMITH

VICE PRESIDENT

04/11/2016

Electronic Signature of Signing Officer/Director Detail

Date