

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721282

Entity Name: OCEAN PALM VILLA ASSOCIATION, INC.**Current Principal Place of Business:**15 CYPRESS BRANCH WAY
201
PALM COAST, FL 32164**Current Mailing Address:**4845 BELLE TERRE PKWY
C19
PALM COAST, FL 32164 US**FEI Number:** 59-1396711**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**G.L. THOMPSON ASSOCIATION MANAGEMENT
15 CYPRESS BRANCH WAY
201
PALM COAST, FL 32164 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:** GARY THOMPSON

04/02/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name HANN, STEVEN
Address 15 CYPRESS BRANCH WAY
207A
City-State-Zip: PALM COAST FL 32164

Title SECRETARY
Name NELSON, REBECCA
Address 15 CYPRESS BRANCH WAY
207A
City-State-Zip: PALM COAST FL 32164

Title MANAGER
Name THOMPSON, GARY
Address 15 CYPRESS BRANCH WAY
207A
City-State-Zip: PALM COAST FL 32164

Title PRESIDENT
Name WHITE, DAVID
Address 15 CYPRESS BRANCH WAY
201
City-State-Zip: PALM COAST FL 32164

Title TREASURER
Name YEAGER, GEORGE
Address 15 CYPRESS BRANCH WAY
201
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name LOTT, RICHY
Address 15 CYPRESS BRANCH WAY
201
City-State-Zip: PALM COAST FL 32164

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: GARY THOMPSON

MANAGER

04/02/2022

Electronic Signature of Signing Officer/Director Detail

Date