2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000116

Entity Name: OCEAN VILLAS NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101-112 18TH STREET SOUTH
FLAGLER BEACH, FL 32316

Current Mailing Address:

P. O. BOX 2415
FLAGLER BEACH, FL 32136 US

FEI Number: NOT APPLICABLE   Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENDERSON, ALISON K
10399 SPOTTED FAWN LANE
JACKSONVILLE, FL 32257 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: _____

　　　　　　Electronic Signature of Registered Agent　　　　　　　　　　　　　Date

Officer/Director Detail :

Title	DIR		Title	DIR
Name	GILBERT, KATHLEEN		Name	FISHBEIN, STEVE
Address	107 18TH STREET SOUTH		Address	1800 SOUTH OCEAN SHORE BOULEVARD
City-State-Zip:	FLAGLER BEACH FL 32136		City-State-Zip:	FLAGLER BEACH FL 32136
Title	DIR		Title	P
Name	COKER, COLE		Name	KELLOGG, JOHN
Address	4908 RIVER POINT ROAD		Address	P.O. BOX 748
City-State-Zip:	JACKSONVILLE FL 32207		City-State-Zip:	FLAGLER BEACH FL 32136
Title	VP		Title	SECT
Name	COKER, COLE		Name	COKER, ANGELA M
Address	4908 RIVER POINT ROAD		Address	4908 RIVER POINT ROAD
City-State-Zip:	JACKSONVILLE FL 32207		City-State-Zip:	JACKSONVILLE FL 32207
Title	TREASURER			
Name	COLLINS, MERILYN			
Address	33 E DEERWOOD ROAD			
City-State-Zip:	SAVANNAH GA 31410			

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: ANGELA COKER　　　　　　　　SECRETARY　　　　　03/24/2018

　　　　　Electronic Signature of Signing Officer/Director Detail　　　　　　　　Date