

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 721282

1. Entity Name
OCEAN PALM VILLA ASSOCIATION, INC.



Principal Place of Business
**OCEAN PALM VILLAS NORTH
FLAGLER BEACH, FL 32136**

Mailing Address
**282 OCEAN PALM VILLAS N
UNIT #0
FLAGLER BEACH, FL 32136**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/08)

4. FEI Number
59-1396711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLBRY, JR., ZYGMUNT P
228 OCEAN PALM DR.
FLAGLER BEACH, FL 32136**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000784992
01/16/08-80077-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLBRY, DIANE 8 OCEAN PALM VILLAS NORTH FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, CAROL 41 OCEAN PALM VILLAS, NORTH FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLBRY, JR., ZYGMUNT P 8 OCEAN PALM VILLAS NORTH FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPE, MARY LOU 18 OCEAN PALM VILLAS N FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, HELEN 2 OCEAN PALM VILLAS NORTH FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 61, 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

Date

Daytime Phone #

Zygmunt P. OLBRY, JR.
ZYGMUNT P. OLBRY, JR.
1/11/08 386-439-1545