FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:12

DOCUMENT # 726851 (9)

1. Corporation Name

OCEAN PALM VILLAS SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
86 OCEAN PALM VILLAS S FLGLER BEACH FL 32136	86 OCEAN PALM VILLAS S FLGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1973
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1559147 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KAISER, JOHN R.
24 OCEAN PALM VILLAS SOUTH
FLGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDT	1.1 TITLE	DT ☒ Change ☐ Addition
NAME	~~LYNN, GRACE E.~~	1.2 NAME	Ford, Louise
STREET ADDRESS	~~69 OCEAN PALM VILLAS S.~~	1.3 STREET ADDRESS	34 Ocean Palm Villas South
CITY-ST-ZIP	~~FLGLER BEACH FL~~	1.4 CITY-ST-ZIP	Flagler Beach, Florida 32136
TITLE	D	2.1 TITLE	DSV ☒ Change ☐ Addition
NAME	JOHNSON, ROBERT	2.2 NAME	McKeon, Timothy
STREET ADDRESS	23 OCEAN PALM VILLAS S	2.3 STREET ADDRESS	57 Ocean Palm Villas South
CITY-ST-ZIP	FLGLER BCH, FL 00000	2.4 CITY-ST-ZIP	Flagler Beach, Florida 32136
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PELSANG, ELMER	3.2 NAME	
STREET ADDRESS	52 OCEAN PALM VILLAS S	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	D ☐ Change ☒ Addition
NAME	KAISER, JOHN R	4.2 NAME	Schuettler, Guenter
STREET ADDRESS	24 OCEAN PALM VILLAS S	4.3 STREET ADDRESS	6 Ocean Palm Villas South
CITY-ST-ZIP	FLGLER BCH, FL 00000	4.4 CITY-ST-ZIP	Flagler Beach, Florida 32136
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	~~SACRE, VICTOR~~	5.2 NAME	
STREET ADDRESS	~~55 OCEAN PALM VILLAS S.~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~FLGLER BEACH FL~~	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louise Ford — Ocean Palm Villas South Condominium Inc. Association — 1-11-1995 — (904) 441 2312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Louise Ford Treasurer

0023971