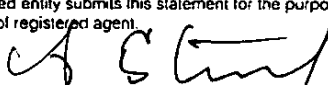
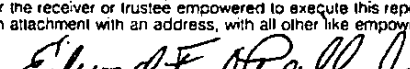


FILED
Jul 24, 2006 8:00 am
Secretary of State



DOCUMENT # 726851				Secretary of State 07-07-2006 90002 004 ***61.25	
1. Entity Name OCEAN PALM VILLAS SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 86 OCEAN PALM VILLAS S FLAGLER BEACH FL 32136		Mailing Address 86 OCEAN PALM VILLAS S FLAGLER BEACH FL 32136			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1559147	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAGNON, JOHN 70 OCEAN PALM VILLAS S. FLAGLER BEACH FL 32136				7. Name and Address of New Registered Agent Name ANDREW ESTERLY Street Address (P.O. Box Number is Not Acceptable) 11 OCEAN PALM VILLA'S SOUTH FLAGLER BEACH FL 32136	
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  19 Jul '06 (NOTE: Registered Agent signature required when removing.)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KAISER, JOHN 36 OCEAN PALM VILLA S FLAGLER BEACH FL 32136 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ANN HALL 33 OCEAN PALM VILLA'S SOUTH FLAGLER BEACH FL - 32136 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDERLUNT, KATIE 46 OCEAN PALM VILLAS S. FLAGLER BEACH FL 32136 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BONNIE JEAN ESTERLY 11 OCEAN PALM VILLA'S SOUTH FLAGLER BEACH FL 32136 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GAGNON, JOHN 70 OCEAN PALM VILLAS S. FLAGLER BEACH FL 32136 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GRETTA McNEON 57 OCEAN PALM VILLA'S SOUTH FLAGLER BEACH FLA - 32136 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERSONIUS, LORETTA 18 OCEAN PALM VILLAS S. FLAGLER BEACH FL 32136 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRAD DUAFFEE 6 OCEAN PALM VILLA'S SOUTH FLAGLER BEACH FL 32136 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANN, DON 1 LINWOOD AVE WESTERLY RI 02891 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'REILLY, ED 42 OCEAN PALM VILLAS S. FLAGLER BEACH FL 32136 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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					