


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90019 041 \*\*\*\*61.25

<b>DOCUMENT # 726851</b> 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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address 3511 S. Peninsula Dr.  Suite, Apt. #, etc.			
City & State  Zip		City & State PORT ORANGE, FL Zip 32127		Country Volusia	
4. FEI Number 59-1559147				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required -	
6. Name and Address of Current Registered Agent  ALFORD, RAYMOND E 58 OCEAN PALM VILLA'S SOUTH FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name <u>JAMES HUNT</u> Street Address (P.O. Box Number is Not Acceptable) 3511 S. Peninsula Dr. City <u>PORT ORANGE</u> <u>FL</u> Zip Code <u>32127</u>		
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 <u>[Signature]</u> <u>JAMES HUNT</u> <u>1-9-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HALL, CHARLES <input checked="" type="checkbox"/> Delete 33 OCEAN PALM VILLAS S. FLAGLER BEACH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rick Deardorff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4097 OAKLEAF CT CINCINNATI, OH 45241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roland Peck <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1065 Wilcox Rd. Roswell, GA 30075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jacquelyn Rodriguez <input type="checkbox"/> Change <input type="checkbox"/> Addition 150 County RTE 1 Whitehall, N.Y. 12887	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>JAMES HUNT</u> <u>1-9-08</u> <u>386-761-5793 x 29</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					