FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 735064 (8)

1. Corporation Name

VILLAS OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
5900 OLD OCEAN BLVD. OCEAN RIDGE FL 33435	5900 OLD OCEAN BLVD. OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified: 02/27/1976
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Assoc. Prop. Mgmt
Suite, Apt. #, etc.
27 400 S. Dixie Hwy, #10
City & State
28 Lake Worth, FL
Zip 29 33460 Country 30 USA

4. FEI Number: 59-1652721 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCNICHOLAS, HENRY		1.2 NAME		
STREET ADDRESS	5900 OLD OCEAN BLV #A-4		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, JOHN J.		2.2 NAME		
STREET ADDRESS	5900 OLD OCEAN BLV #A-1		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROLLOW, DOUGLAS		3.2 NAME		
STREET ADDRESS	5900 OLD OCEAN BLV #B-6		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE	000001765580 -04/02/96--01008--005 ***61.25	☐ Change ☐ Addition
NAME	CHURCH, A. F.		4.2 NAME		
STREET ADDRESS	5900 OLD OCEAN BLV #B-1		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		4.4 CITY-ST-ZIP		
TITLE	DSV	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	KERN, ALFRED		5.2 NAME		
STREET ADDRESS	5900 OLD OCEAN BLVD. A-7		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	See Also Attached		6.2 NAME	Judith Callen	
STREET ADDRESS			6.3 STREET ADDRESS	5900 old ocean Blvd, C-4	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ocean Ridge, FL	

CR2E037 (12/95)

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)(k), 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: A.F. Church 3-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ck #146