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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	ASSOC. PROP. MGMT 400 S. DIXIE HWY.#10 LAKEWORTH FL 33460-4455 US

3. Date Incorporated or Qualified: 02/27/1976
3a. Date of Last Report: 04/01/1996

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

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

ASSOCIATE 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 [signature] 1/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VPD	☐ Change ☐ Addition
NAME	MCNICHOLAS, HENRY		1.2 NAME	Voat Thomas	
STREET ADDRESS	5900 OLD OCEAN BLV #A-4		1.3 STREET ADDRESS	5900 old ocean Blvd, B-7	
CITY-ST-ZIP	OCEAN RIDGE FL		1.4 CITY-ST-ZIP	Ocean Ridge, FL	
TITLE	PD	☒ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	COLEMAN, JOHN J.		2.2 NAME	mc Kenzie, Barbara	
STREET ADDRESS	5900 OLD OCEAN BLV #A-1		2.3 STREET ADDRESS	5900 old Ocean Blvd, B-2	
CITY-ST-ZIP	OCEAN RIDGE FL		2.4 CITY-ST-ZIP	Ocean Ridge, FL	
TITLE	VP	☐ 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		☐ 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	VPD	☐ Change ☐ Addition
NAME	KERN, ALFRED		5.2 NAME	Adkins, Jerry	
STREET ADDRESS	5900 OLD OCEAN BLVD. A-7		5.3 STREET ADDRESS	5900 old ocean Blvd, C-1	
CITY-ST-ZIP	OCEAN RIDGE FL		5.4 CITY-ST-ZIP	Ocean Ridge, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CULLEN, JUDITH		6.2 NAME		
STREET ADDRESS	5900 OLD OCEAN BLVD, C-4		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] REQUIRED 2/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039195