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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735064

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/27/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1652721 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature

12. OFFICERS AND DIRECTORS			13.	
TITLE	~~VD~~	☐ DELETE	1.1 TITLE	SD
NAME	~~VOAT, THOMAS~~		1.2 NAME	Judith Cullen.
STREET ADDRESS	~~5900 OLD OCEAN BLVD, B7~~		1.3 STREET ADDRESS	Old Ocean Blvd. C-4
CITY-ST-ZIP	~~OCEAN RIDGE FL~~		1.4 CITY-ST-ZIP	5900 Ocean Ridge. Fl
TITLE	~~DT~~	☐ DELETE	2.1 TITLE	D
NAME	~~MCKENZIE, BARBARA~~		2.2 NAME	William Adkins
STREET ADDRESS	~~5900 OLD OCEAN BLVD B2~~		2.3 STREET ADDRESS	5900 Old Ocean Blvd C-1
CITY-ST-ZIP	~~OCEAN RIDGE FL~~		2.4 CITY-ST-ZIP	Ocean Ridge. Fl
TITLE	~~D~~	☐ DELETE	3.1 TITLE	D
NAME	~~ROLLOW, DOUGLAS~~		3.2 NAME	Kathy Constantini
STREET ADDRESS	~~5900 OLD OCEAN BLV #B-6~~		3.3 STREET ADDRESS	5900 Old Ocean Blvd A-4
CITY-ST-ZIP	~~OCEAN RIDGE FL~~		3.4. CITY-ST-ZIP	Ocean Ridge. Fl
TITLE	PD	LETE	4.1 TITLE	D
NAME	David Farkiamen		4. 2 NAME	Alfred Kean
STREET ADDRESS	5900 old Ocean Blvd A-8		4.3 STREET ADDRESS	5900 Old Ocean Blvd A-7
CITY-ST-ZIP	Ocean Ridge .FL.		4.4 CITY-ST-ZIP	Ocean Ridge. Fl
TITLE	VD	LETE	5.1 TITLE	D
NAME	Thomas Voat		5.2 NAME	Douglas Rollow
STREET ADDRESS	5900 old Ocean Blvd B-7		5.3 STREET ADDRESS	5900 Old Ocean Blvd B-6
CITY-ST-ZIP	Ocean Ridge. Fl		5.4 CITY-ST-ZIP	Ocean Ridge. Fl
TITLE	TD	ELETE	6.1 TITLE	D
NAME	Barbara Mckenzie		6.2 NAME	martin Sherwin
STREET ADDRESS	5900 Old Ocean Blvd. B-2		6.3 STREET ADDRESS	5900 Old Ocean Blvd. C-5
CITY-ST-ZIP	Ocean Ridge. Fl		6.4 CITY-ST-ZIP	Ocean Ridge. Fl

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #