

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735853

(4)

1. Corporation Name

OCEAN VILLAS I, INCORPORATED

Principal Place of Business

Mailing Address

2400 SOUTH OCEAN DRIVE
OCEAN VILLAGE ON HUTCHINSON ISLAND
FT. PIERCE FL 34949

2400 SOUTH OCEAN DRIVE
OCEAN VILLAGE ON HUTCHINSON ISLAND
FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1976

3a. Date of Last Report

03/21/1994

4. FEI Number

59-1779031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHER, GEORGE H.
2400 SOUTH OCEAN DRIVE
FT. PIERCE FL 34949

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

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

D

NAME

WIEAND, KENNETH

STREET ADDRESS

2400 S. OCEAN DRIVE

CITY - ST - ZIP

FT. PIERCE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

BROUGHMAN, MARIE B

STREET ADDRESS

2400 S. OCEAN DRIVE

CITY - ST - ZIP

FT. PIERCE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

BURKETT, BEVERLY

STREET ADDRESS

2400 S. OCEAN DRIVE

CITY - ST - ZIP

FT. PIERCE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VPD

NAME

CARTY, JEAN

STREET ADDRESS

2400 S. OCEAN DRIVE

CITY - ST - ZIP

FT. PIERCE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

PTD

NAME

HALE, HELEN

STREET ADDRESS

2400 S. OCEAN DRIVE

CITY - ST - ZIP

FT. PIERCE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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: Helen Hale, President/Treasurer

407-489-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen Hale

Date

3/6/95

Daytime (Time #)