

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735853

(4)

1. Corporation Name

OCEAN VILLAS I, INCORPORATED

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified
05/18/1976

3a. Date of Last Report
03/15/1995

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

4. FEI Number

59-1779031

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

10. Name and Address of New Registered Agent

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

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WIEAND, KENNETH
STREET ADDRESS 2400 S. OCEAN DRIVE
CITY-ST-ZIP FT. PIERCE FL

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BROUGHMAN, MARIE B
STREET ADDRESS 2400 S. OCEAN DRIVE
CITY-ST-ZIP FT. PIERCE FL

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME BURKETT, BEVERLY
STREET ADDRESS 2400 S. OCEAN DRIVE
CITY-ST-ZIP FT. PIERCE FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME CARTY, JEAN
STREET ADDRESS 2400 S. OCEAN DRIVE
CITY-ST-ZIP FT. PIERCE FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Phelan, Joseph
4.3 STREET ADDRESS 2400 S. Ocean Dr.
4.4 CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE PTD ☒ DELETE
NAME HALE, HELEN
STREET ADDRESS 2400 S. OCEAN DRIVE
CITY-ST-ZIP FT. PIERCE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Marie Butt Broughman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

(407) 489-0300

Daytime Phone #

CR2E037 (12/95)