FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749381

1. Corporation Name

OCEAN BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.

Principa	al Place of	Business
2515 S	ATLANTIC	AVE
COCOA	REACH EL	32931

Mailing Address

3630 SO TROPICAL TRL MERRITT ISLD FL 32952

FILED Mar 17, 1999 8:00 am Secretary of State

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COCOA BEACH	US US							
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 10/18/1979			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			59-2067790			plied For t Applicable
City & State	9	City & State			5. Certifcate of Status Desired		\$8.75 / Fee Re	
23] Zip	Country	Zip 30	Country	,	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•
24	9. Name and Address of Current		<u>'</u>		10. Name and Address of New R	egistered A		
STEVENSO	ON, RONALD M.		81 82		ress (P.O. Box Number is Not Accepta			
3630 S. TROPICAL TRAIL MERRITT ISLAND FL 32952		83	83					
MERKSTT	ODWID I E OLOOL		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: Re		nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TTLE	SD	☐ DELETE	1.1 TITLE				- Change	Addition
NAME	VEAL, THOMAS		1.2 NAME					}
STREET ADDRESS	2515 S. ATLANTIC AV #203			TADDRESS				I
CITY-ST-ZIP	COCOA BEACH FL	☐ DELETE	1.4 CITY-5	ST-ZIP			☐ Change	Addition
ΠLE	OTD -	∴ Dereie	2.1 TITLE					
NAME	STEVENSON, LINA	·	2.2 NAME	TADORESS				
STREET ADDRESS	3630 S. TROPICAL TRAIL MERRITT ISLAND FL		2.3 STREE					
CITY-ST-ZIP	PD PD	☐ DELETE	3.1 TITLE	31-21			Change	☐ Addition
NAME	STEVENSON, RONALD		3.2 NAME					ŀ
STREET ADDRESS	3630 S. TROPICAL TRAIL		3.3 STREE	TADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL		3.4. CITY-	ST-ZIP				
TILE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CiTY-ST-ZIP			4.4 CITY-5	ST-ZIP				- Audition
TITLE :		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME				•	
STREET ADDRESS				T ADDRESS		•		
CfTY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	51-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
TITLE			6.2 NAME				T Ammige	
NAME				TADDRESS				
STREET ADDRESS	,		6.3 STREE					1

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 407-784-0459