SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	100.					
DOCUMENT # 756133 (5) OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.						
						E ABAYIN ABBAL BINDO BINDO HINBO HINBO HINBO DIBIN BERDE BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN BIRIN
Principal Place of Business Malling Address						
-1						<u> </u>
108 PINEAPPLE ALTAMONTE SPI		% MORTON BENDER 108 PINEAPPLE LN				
us		ALTAMONTE SPRINGS FL 32714 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report
						3. Date Incorporated or Qualified 01/30/1981 3a. Date of Last Report 07/02/1996
2. Principal Place of Business		2a. Malling Address			4. FEI Number Applied For	
21		26			NOT APPLICABLE Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 City & State	Δ	City & State			Fee Required	
23	0		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζίρ				intry		8. This corporation owes or has paid the current year intengible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
20000	11007011		į	81	Name	
BENDER, MORTON				82	Street Addr	ress (P,O. Box Number is Not Acceptable)
108 PINEAPPLE LN ALTAMONTE SPRINGS FL 32714				83		
ALIAMONIE SPRINGS PL 32/14						
				B4	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	les, the al	bove-i	named corp	
l office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the obli-	e of Florida. Such change was gations of Section 617.0503, Fl	authorized orida Stat	d by t lutes.	ne corporaț	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Morton Be	nder				8.4-5>
	Signature, typed or printed name of registered a			d Agent	signature requir	red when reinstating) DATE
12.	PD OFFICERS AI	ND DIRECTORS	13.	TI E	—т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	OMETI LAMOCHOC		1.2 N/		}	Change Addition
STREET ADDRESS	2120 SO ATLANTIC AVE		1.3 STREET ADDRESS		IDBESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL		1,4 CITY - ST - ZIP			
TITLE	VID DELETE 2.			2.1 TITLE		☐ Change ☐ Addition
NAME	BENDER, MORTON		2.2 NAME			
STREET ADDRESS	108 PINEAPPLE LN		2.3 STREET ADDRESS		ORESS	
CITY-ST-ZIP	AB.			ITY-ST-	ZIP	[1] A. [1]
TITLE	DEALDED ANDA		3.1 T/1		}	☐ Change ☐ Addition
NAME OTDEET ADDRESS	400 DINEADDLE LAI		3.2 NA		ODDECC	
STREET ADDRESS CITY-ST-ZIP	ALTAMANTE ODDINOS EC			IREET AL ITY-ST-		
TITLE	THE PERSON OF THE PERSON OF THE	☐ DELETE	4.1 TO		£11	☐ Change ☐ Addition
NAME	,		4.2 N]	• —
STREET ADDRESS			4.3 ST	REET AC	DRESS	
CITY-ST-ZIP				<u>TY-ST-</u>	ZIP	
TITLE	- 			TLE	-	☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS				REET AL		
CITY-ST-Z#P				TY-ST-	ZIP	☐ Change ☐ Addition
TITLE NAME		☐ DETELE	6.1 TIT			L Change L Addition
STREET ADDRESS		•	6.2 NA	ame Treet al	Ingree	
CITY-ST-ZIP				NEET AL TY+ST+.		

I. 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 chapted, or on an attachment with an address

8/12/27 Un 10110

Aug 14 1997 8:00am

Secretary of State