

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 22, 2000 8:00 am
Secretary of State

03-28-2000 90062 003 ****61.25

DOCUMENT # 756133

1. Entity Name

OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

108 PINEAPPLE LN
 ALTAMONTE SPRINGS FL 32714
 US

% MORTON BENDER
 108 PINEAPPLE LN
 ALTAMONTE SPRINGS FL 32714-5812
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENDER, MORTON
 108 PINEAPPLE LN
 ALTAMONTE SPRINGS FL 32714

Name **BSR Resorts, Morton**
 Street Address (P.O. Box Number is Not Acceptable) **C/O David Slayback**
517 State Hwy A1A
 City **New Smyrna Beach FL** Zip Code **32109**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

David B Slayback

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/8/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, LAWRENCE	
STREET ADDRESS	2120 SO ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BENDER, MORTON	
STREET ADDRESS	108 PINEAPPLE LN	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENDER, LINDA	
STREET ADDRESS	108 PINEAPPLE LN	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith Lawrence	
STREET ADDRESS	2120 S ATLANTIC	
CITY-ST-ZIP	NSB, FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRY HECKER	
STREET ADDRESS	PO Box 414	
CITY-ST-ZIP	DE LEW SPRINGS, FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRING Candy	
STREET ADDRESS	2100 N Peninsula Ave # 210	
CITY-ST-ZIP	NEW Smyrna Beach	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott Lawrence Resnik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 (904) 428-0491

Date

Daytime Phone #

CR2E037 (9/99)