

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90393 042 ****61.25

DOCUMENT # 756133

1. Entity Name

OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

108 PINEAPPLE LN
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

% MORTON BENDER
 108 PINEAPPLE LN
 ALTAMONTE SPRINGS FL 32714
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRIT, ROBERT
 C/O DAVIS SLAYBACK
 817 STALE HWY A1A
 NEW SMYRNA BEACH FL 32109

David Slayback
 817 State Highway A1A
 N.S.B., FL 32169

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)

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	VPD ST	<input type="checkbox"/> Delete
NAME	SMITH, LAWRENCE	
STREET ADDRESS	2120 S ATLANTIC	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOKEK, KATHY ^{VP}	
STREET ADDRESS	BOX 414	
CITY-ST-ZIP	DE LEON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORDY, IRVING	
STREET ADDRESS	2100 N PENIASULA APT 210	
CITY-ST-ZIP	NEW SMYRNA BEACH 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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Lawrence	
STREET ADDRESS	2120 South Atlantic	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hooker, Kathy	
STREET ADDRESS	2130 South Atlantic	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Steve	
STREET ADDRESS	2122 South Atlantic	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
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)(i), 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 employees.

SIGNATURE:

Stephen Williams

5-10-01

CR2E037 (10/00)