2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

4175 S ATLANTIC AVE

NEW SMYRNA BEACH FL 32169

DOCUMENT # 756133

1. Entity Name

Principal Place of Business

NEW SMYRNA BEACH FL'32169"

4175 S ATLANTIC AVE

115

OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90108 002 ****61.25

69921949



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ------SCHERER, JOY Street Address (P.O. Box Number is Not Acceptable) 4175 S ATLANTIC AVE **NEW SMYRNA BEACH FL 32169** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable_to-П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VSD TITLE ☐ Delete TITLE Change ☐ Addition HOOKER, KATHY NAME NAME STREET ADDRESS 2130 SOUTH ATLANTIC STREET ADDRESS CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, STEVE NAME NAME STREET ADDRESS 2122 S ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169** ☐ Delete TITLE ☐ Change Addition NAME BENDER, MORTON NAME **108 PINEAPPLE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ALTAMONTE SPRINGS FL 32714 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 empoweres

SIGNATURE: