

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 7:33

DOCUMENT # K38100 (9)

1. Corporation Name

OCEAN VIEW CONDOMINIUM RENTAL GROUP, INC.

Principal Place of Business

1350 A OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

Mailing Address

1350 A OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1988

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2921218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RAYMONDI, AL
1350A OCEAN SHORE BLVD
~~555 WEST GRAYDA BLVD.~~
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name

Raymond, AL

82 Street Address (P.O. Box Number is Not Acceptable)

1350 A Ocean Shore Blvd

83

84 City

Ormond Beach

FL

85 Zip Code

32176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

AL Raymond

NOTE: Registered Agent signature required when instituting

DATE

3-27-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
RAYMONDI, AL
14 JULIE DR
ORMOND BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
RAYMONDI, AL
14 JULIE DRIVE
ORMOND BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
BRIDGES, JAMES
2100 OCEAN SHORE BLVD #107
ORMOND BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AL Raymond

3-27-95

904-441-8245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number