

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90087 004 \*\*\*\*61.25

**DOCUMENT # N01000003803**

1. Entity Name  
**OCEAN VILLAGE NEIGHBORHOOD ASSOC., INC.**

Principal Place of Business      Mailing Address  
**1841 OCEAN VILLAGE PLACE**      **1841 OCEAN VILLAGE PLACE**  
**AMELIA ISLAND FL 32034**      **AMELIA ISLAND FL 32034**

2. Principal Place of Business      3. Mailing Address  
**2215 East SR 200**      **PO Box 1987**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Yulee, FL**      **Yulee, FL**

Zip      Country      Zip      Country  
**32097**      **US**      **32041+1987**      **US**

4. FEI Number      Applied For  
**59-3263916**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RAUER, LANNY M**  
**401 CENTRE STREET, 2ND FLOOR**  
**AMELIA ISLAND FL 32034**

**7. Name and Address of New Registered Agent**

Name **[REDACTED]**  
 Street Address (P.O. Box Number is Not Acceptable) **[REDACTED] 200**  
 City **[REDACTED]**      **FL**      Zip Code **[REDACTED]**

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 **[Signature]**      DATE **[Date]**  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE NAME	<b>PD</b> <b>RAFLOSKI, ROBERT</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1841 OCEAN VILLAGE PLACE</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND FL 32034</b>	
TITLE NAME	<b>SD</b> <b>RAUER, LANNY M</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1401 CENTRE STREET, 2ND FLOOR</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND FL 32034</b>	
TITLE NAME	<b>TD</b> <b>SONNATI, ROBERT</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1864 OCEAN VILLAGE PLACE</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND FL 32034</b>	
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<b>P</b> <b>WORK, AL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1761 Ocean Village Drive</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
TITLE NAME	<b>S</b> <b>SCANLAN, JANE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1832 Village Court</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
TITLE NAME	<b>T</b> <b>SONNATI, ROBERT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1864 Ocean Village Place</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
TITLE NAME	<b>D</b> <b>BENNETT, CRAIG</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1815 Atlantic Place</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
TITLE NAME	<b>D</b> <b>STANLEY, ED</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1791 Ocena Village Drive</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	
TITLE NAME	<b>D</b> <b>WIEST, DON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1725 Ocean Village Drive</b>	
CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>	

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 reports 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: **[Signature]**      DATE: **4/20/2002**      PHONE: **(772) 967-9996**

CR02037 (9/01)