

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01250

1. Entity Name

OCEAN LAKE VILLAS CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

2127-43 N. OCEANSHORE BLVD
FLAGLER BEACH FL 32136
US

Mailing Address

PO BOX 1373
FLAGLER BEACH FL 32136
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3078550

Applied For

Not Applicable

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

MACKOUL, GEORGE R
2139 N OCEANSHORE BLVD
FLAGLER BEACH FL 32136

Name

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

City

FL

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

Sign must be typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature must be typed with no initials)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME MARSH, RICHARD
STREET ADDRESS 2129 N OCEANSHORE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32136

TITLE ☐ Delete
NAME LINDSEY, BARBARA
STREET ADDRESS 2133 N. OCEANSHORE BLVD.
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ Delete
NAME MACKOUL, GEORGE
STREET ADDRESS 2139 N OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000930319
CITY-ST-ZIP 05/21/08-80104-008 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Andrea M Brown*

4-24-08 220-474-6539
386-439 6480