

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

03-18-2003 90067 022 ****61.25

DOCUMENT # N02000001830

1. Entity Name

OCEAN CLUB VILLAS SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O AMELIA ISLAND MANAGEMENT
P.O. BOX 3000
AMELIA ISLAND FL 32035-1307

Mailing Address

C/O AMELIA ISLAND MANAGEMENT
P.O. BOX 3000
AMELIA ISLAND FL 32035-1307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0853471

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, DAVID B
1501 LEWIS STREET
AMELIA ISLAND FL 32034

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAY, S NORMAN	
STREET ADDRESS	PO BOX 3000	
CITY-ST-ZIP	AMELIA ISLAND FL 32035-1307	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, WILLIAM R	
STREET ADDRESS	PO BOX 3000	
CITY-ST-ZIP	AMELIA ISLAND FL 32035-1307	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PALMISANO, LAURA	
STREET ADDRESS	PO BOX 3000	
CITY-ST-ZIP	AMELIA ISLAND FL 32035-1307	
TITLE	S	<input type="checkbox"/> Delete
NAME	COMMANDER, CHARLES E	
STREET ADDRESS	PO BOX 3000	
CITY-ST-ZIP	AMELIA ISLAND FL 32035-1307	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weihenmayer, Ed Villas	
STREET ADDRESS	619 Ocean Club Drive S	
CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richardson, Spurgeon	
STREET ADDRESS	608 Ocean Club Villas S	
CITY-ST-ZIP	Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heider, Jeanne	
STREET ADDRESS	604 Ocean Club South	
CITY-ST-ZIP	Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grunder, Paul	
STREET ADDRESS	602 Ocean Club Villas South	
CITY-ST-ZIP	Amelia Island, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Butler, Alan	
STREET ADDRESS	615 Ocean Club Villas S	
CITY-ST-ZIP	Amelia Island, FL 32034	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:

E. Weihenmayer
SIGNATURE REQUIRED WEIHENMAYER

Date

02/21/03 904-321-1938

Daytime Phone #

CR2E037 (10/02)