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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17826

1. Corporation Name
OCEANVIEW VILLAGE HOMEOWNERS' ASSOCIATION, INC.

562697 - 90004 - 24

Principal Place of Business	Mailing Address
P.O. BOX 2157 PALM HARBOR FL 34683	P.O. BOX 2157 PALM HARBOR FL 34683

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2502 OAK CIRCLE	26 2502 OAK CIR	11/18/1986
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2771205 ☐ Applied For ☐ Not Applicable
23 City & State TARPON SPRINGS, FL	28 City & State TARPON SPRINGS, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 34689 25 Country	29 Zip 34689 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NAEGELIN, GUENTER P. 589 OCEANVIEW AVE PALM HARBOR FL 34683	81 Name COSTAS S. DALACOS 82 Street Address (P.O. Box Number is Not Acceptable) 2502 OAK CIRCLE 83 84 City TARPON SPRINGS FL 85 Zip Code 34689

11. Pursuant to the provisions of Sections 617.0802 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Costas S Dalacos 5/14/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VP ~~PRESIDENT~~ VP/D	☑ Change ☐ Addition
NAME	NAEGELIN, GUENTER		1.2 NAME		
STREET ADDRESS	589 OCEANVIEW AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	TREASURER/D	☑ Change ☐ Addition
NAME	DELLAS, JEROME		2.2 NAME	SAME	
STREET ADDRESS	509 OCEAN VIEW AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	PD PRESIDENT/D	☑ Change ☐ Addition
NAME	DALACOS, COSTAS S		3.2 NAME	DALACOS, COSTAS S	
STREET ADDRESS	133 CARLYLE CIRCLE		3.3 STREET ADDRESS	2502 OAK CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME			4.2 NAME	MAUREEN MALONE	
STREET ADDRESS			4.3 STREET ADDRESS	525 OCEANVIEW AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ DELETE	5.1 TITLE	SECRETARY/D	☐ Change ☑ Addition
NAME			5.2 NAME	MAUREEN MALONE	
STREET ADDRESS			5.3 STREET ADDRESS	525 OCEANVIEW AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/22/99 727-942-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #