FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:22

DOCUMENT # N39837 (2)

1. Corporation Name
OZLYN GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
2860 ARBUTUS STR NAPLES FL 33962 US	2860 ARBUTUS STR NAPLES FL 33962 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1990
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0169071 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

J EDWARD MEAL P.A.
263 AIRPORT ROAD SOUTH
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHANESSEN, JOHN	1.2 NAME	
STREET ADDRESS	2848 ARBUTUS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARABAS, SHIRLEY	2.2 NAME	
STREET ADDRESS	2850 ARBUTUS ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	~~LEACH, WILLIAM~~	3.2 NAME	D
STREET ADDRESS	~~2830 ARBUTUS CT~~	3.3 STREET ADDRESS	VIRGINIA ANGLIN
CITY-ST-ZIP	~~NAPLES FL~~	3.4 CITY-ST-ZIP	2842 ARBUTUS ST NAPLES FL 33962
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	~~OSBORNE, EVELYN~~	4.2 NAME	D
STREET ADDRESS	~~2844 ARBUTUS ST~~	4.3 STREET ADDRESS	ROY MORGAN
CITY-ST-ZIP	~~NAPLES FL~~	4.4 CITY-ST-ZIP	2854 ARBUTUS ST NAPLES FL 33962
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	SHELTON, CHARLES	5.2 NAME	
STREET ADDRESS	2856 ARBUTUS STR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	DEANGELIS, FLORENCE	6.2 NAME	
STREET ADDRESS	2858 ARBUTUS STR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: _____ JOHN JOHANESSEN 3/20/95 732-0692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #