

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N39837** (2)
1. Corporation Name
OZLYN GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC

| | |
|---|---|
| Principal Place of Business 2880 ARBUTUS STR NAPLES FL 33962 US | Mailing Address 2880 ARBUTUS STR NAPLES FL 33962 US |
|---|---|

3. Date Incorporated or Qualified

09/05/1990

4. FEI Number

65-0169071

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 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

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 | DP | <input type="checkbox"/> DELETE |
| NAME | JOHANESSEN, JOHN | |
| STREET ADDRESS | 2848 ARBUTUS ST | |
| CITY-ST-ZIP | NAPLES FL | |

| | |
|--------------------|--|
| 1.1 TITLE | |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

☐ Change ☐ Addition

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | BARABAS, SHIRLEY | |
| STREET ADDRESS | 2850 ARBUTUS ST. | |
| CITY-ST-ZIP | NAPLES FL | |

| | |
|--------------------|--|
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

☐ Change ☐ Addition

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DUANE JAQUILLARD | |
| STREET ADDRESS | 2836 ARBUTUS ST | |
| CITY-ST-ZIP | NAPLES FL | |

| | |
|--------------------|--|
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

☐ Change ☐ Addition

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MORGAN, ROY | |
| STREET ADDRESS | 2854 ARBUTUS ST | |
| CITY-ST-ZIP | NAPLES FL | |

| | |
|--------------------|--|
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

☐ Change ☐ Addition

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SHELTON, CHARLES | |
| STREET ADDRESS | 2858 ARBUTUS STR | |
| CITY-ST-ZIP | NAPLES FL | |

| | |
|--------------------|--|
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

☐ Change ☒ Addition

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | DEANGELIS, FLORENCE | |
| STREET ADDRESS | 2858 ARBUTUS STR | |
| CITY-ST-ZIP | NAPLES FL | |

| | |
|--------------------|--|
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

☐ Change ☐ Addition

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.

SIGNATURE:

John Johanesen

JOHN JOHANESSEN

4/15/98

941-732-0692

CR2E037 (10/97)