1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N39837

1. Corporation Name

OZLYN GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place	of Busine
2860 ARBUTUS NAPLES FL 339	•

Mailing Address

2860 ARBUTUS STR NAPLES FL 33962

FILED Apr 12, 1999 8:00 am § Secretary of State

04-12-1999 90004 005 ****61.25

* 3 1 4 7 6 1 * 314761 - 90004 - 5

|--|

2. Principal Pi	I Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 09/05/1990					
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.				4. FEI Number			App	lied For
22		27					65-0169071	=	Γ	Not	Applicable
City & State	e ,	City & State					5. Certifcate of Status Desired			75 Ad e Req	tditional uired
Zip	Country Zip Country					- 4	6. Election Campaign Financing S5.00 May Trust Fund Contribution Added to Fe				
24 25 29 30 30 9. Name and Address of Current Registered Agent							10. Name and Address of New R	egistered /	Agent		
	o. Hallis alid Address of Califolis			81	Name						
				_				LILL		<i>.</i>	
	D MEAL P.A.			82 Street Address (P.O. Box Number is Not Acceptable)							
	ORT ROAD SOUTH			83	 		 	_			
NAPLES F	·L 33942								1221	7:- 0	
				84	City			FL	85	Zip C	ode
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	r Fiorida. Such change	e was authonze	u uv	the corbo	corpor	ation submits this statement for the 's board of directors. I hereby accep	purpose of the appoir	changir ntment	ng its r as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Ager	nt signature re	equired v	**	DATE			
12.	OFFICERS AND		13				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOF	
TITLE	DP .	☐ DEL	ETE 1,1	TITLE					Chi	ange	☐ Addition
NAME	JOHANESSEN, JOHN		1.2 (VAME							
STREET ADDRESS	2848 ARBUTUS ST		1.3 5	STREE	T ADDRESS						
CITY-ST-ZIP	NAPLES FL		1.44	CITY-S	T-ZIP			_			
TITLE	DV	☐ DEL	.ETE 2.1	TITLE		D			∵ <mark>∑</mark> Ch	ange	☐ Addition
NAME	BARABAS, SHIRLEY		2.21	NAME							
STREET ADDRESS	2850 ARBUTUS ST.		2.3	STREE	T ADDRESS						
CITY-ST-ZIP *	NAPLES FL -	سيحو مييند د. ه		CITY-S	T-ZIP -	~	* <u>-</u>	<u> </u>		_	<u> </u>
TITLE	D	∑ DEL	.ETE 3.1	TITLE	1	S	/T/D		☐ Ch	ange	Addition
NAME	DUANE JAQUILLARD		3.2	NAME			imothy Casey				
STREET ADDRESS	2836 ARBUTUS ST		3.3	STREE	TADDRESS		836 Arbutus St				
CITY-ST-ZIP	NAPLES FL			CITY- S	ST-ZIP		aples, Fl. 3411	2			
TITLE	D	☐ DEL	ETE 4.1	TITLE			4		☐ Ch	ange	Addition Addition
NAME	MORGAN, ROY		4.2	NAME	}						
STREET ADDRESS	2854 ARBUTUS ST		4.3	STREE	TADDRESS						
CITY-ST-ZIP	NAPLES FL			CITY-S	T-ZIP						
TITLE	D	☐ DEL		TITLE	l				Ch	ange	Addition
NAME	NICHOLS, LOIS			NAME							
STREET ADDRESS	2846 ARBUTUS ST		1		T ADDRESS						
CITY-ST-ZIP	NAPLES FL 34112			CITY-S	T-ZIP						□ 4 3 340
TITLE	ST	, DEL		IIILE					☐ Ch	ange	Addition
NAME	DEANGELIS, FLORENCE			NAME							
STREET ADDRESS	2858 ARBUTUS STR				TADORESS	•					
CITY+ST-7IP	NAPLES EL		6.4	CITY-S	T-ZIP						

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 or attachment with an address, with all other like empowered.

SIGNATURE:

941-732-0692