

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39837

1. Entity Name

OZLYN GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

2860 ARBUTUS STR
NAPLES FL 33962
US

Mailing Address

2860 ARBUTUS STR
NAPLES FL 33962
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. FEI Number 65-0169071

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name TIMOTHY CASEY

Street Address (P.O. Box Number is Not Acceptable)

2836 ARBUTUS ST

City

NAPLES

FL

Zip Code

34112

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-29-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME JOHANESSEN, JOHN
STREET ADDRESS 2848 ARBUTUS ST
CITY-ST-ZIP NAPLES FL
☒ Delete

TITLE ~~DP~~ DP
NAME ROY MORGAN
STREET ADDRESS 2854 ARBUTUS ST
CITY-ST-ZIP NAPLES FL 34112
☒ Change ☐ Addition

TITLE D
NAME BARABAS, SHIRLEY
STREET ADDRESS 2850 ARBUTUS ST.
CITY-ST-ZIP NAPLES FL
☒ Delete

TITLE SHIRLEY SHINERBARGER VD
NAME SHIRLEY SHINERBARGER
STREET ADDRESS 2850 ARBUTUS ST.
CITY-ST-ZIP NAPLES FL 34112
☒ Change ☐ Addition

TITLE STD
NAME CASEY, TIMOTHY
STREET ADDRESS 2836 ARBUTUS ST
CITY-ST-ZIP NAPLES FL 34112
☐ Delete

TITLE BARBARA SIMON
NAME BARBARA SIMON
STREET ADDRESS 2834 ARBUTUS ST.
CITY-ST-ZIP NAPLES FL 34112
☐ Change ☒ Addition

TITLE D
NAME MORGAN, ROY
STREET ADDRESS 2854 ARBUTUS ST
CITY-ST-ZIP NAPLES FL
☒ Delete

TITLE JOHN HALITGAN D
NAME JOHN HALITGAN
STREET ADDRESS 2842 ARBUTUS ST.
CITY-ST-ZIP NAPLES FL 34112
☐ Change ☒ Addition

TITLE D
NAME NICHOLS, LOIS
STREET ADDRESS 2846 ARBUTUS ST
CITY-ST-ZIP NAPLES FL 34112
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003500595-3
-12/13/00-01114-003
****236.25 ****236.25
☐ Change ☐ Addition

TITLE ST
NAME DEANGELIS, FLORENCE
STREET ADDRESS 2858 ARBUTUS STR
CITY-ST-ZIP NAPLES FL
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

001163

CR2E037 (500)