SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1999

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

**FILED**
**Aug 03, 1999 8:00 am**
**Secretary of State**
08-03-1999 90008 004 ****70.00

DOCUMENT # N98000002488

1. Corporation Name
OCEAN VILLAGE COMMERCIAL CONDOMINIUM ASSOCIATION , INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~229 CARDINAL DRIVE~~ | ~~229 CARDINAL DRIVE~~ |
| ORMOND BEACH FL 32176 | ORMOND BEACH FL 32176 |
| 242B Northshore | P.O. Box 2042 |
| | Ormond Bch, Fl. 32175 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 242B Northshore | 26 POBox 2042 | 04/29/1998 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number: Has applied for ☒ Applied For ☐ Not Applicable |
| City & State 23 Ormond Beach, FL. | City & State 28 Ormond Beach, FL. | 5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required |
| Zip 24 32176 Country 25 U.S.A. | Zip 29 32175 Country 30 U.S.A. | 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 |
|---|---|
| PATEL, D S<br>3000 NO. ATLANTIC AVE. #5<br>DAYTONA BEACH FL 32118 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ 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 | Patel, D.S., P, VP, S, TR, DIR ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | POBox 2042 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OB, FL. 32175 | 1.4 CITY-ST-ZIP | |
| TITLE | Director ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Patel ANITA | 2.2 NAME | |
| STREET ADDRESS | POBOX 2042 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OB, FL. 32175 | 2.4 CITY-ST-ZIP | |
| TITLE | DIRECTOR ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | Ingrid NAFY | 3.2 NAME | |
| STREET ADDRESS | 23 Cleary Ave. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Butler, NJ 07046 | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 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 (5/99)

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~~ 6/10/99 672-5379 904-679-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
672-6311