

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002488

1. Entity Name

OCEAN VILLAGE COMMERCIAL CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

242B NORTSHORE
ORMOND BEACH FL 32176
US

P.O. BOX 2042
ORMOND BEACH FL 32175-2042
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3604782

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, D S
3000 NO. ATLANTIC AVE. #5
DAYTONA BEACH FL 32118

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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: PRESIDENT
NAME: PATEL, D.S.
STREET ADDRESS: P.O. BOX 2042
CITY-ST-ZIP: ORMOND BEACH FL 32175

TITLE: President, Treasury, Director
NAME: Patel, D.S.
STREET ADDRESS: P.O. Box 2042
CITY-ST-ZIP: Ormond Beach, FL 32175

TITLE: DIRECTOR
NAME: PATEL, ANITA
STREET ADDRESS: P.O. BOX 2042
CITY-ST-ZIP: ORMOND BEACH FL 32175

TITLE: Vice President, Director
NAME: Rayne Lewis
STREET ADDRESS: 242A Northshore Drive
CITY-ST-ZIP: Ormond Beach, FL 32176

TITLE: DIRECTOR
NAME: NAGY, INGRID
STREET ADDRESS: 23 CLEARY AVE
CITY-ST-ZIP: BUTLER NJ 07046

TITLE: Secretary, Director
NAME: Pam Meyers
STREET ADDRESS: 242B Northshore Drive
CITY-ST-ZIP: Ormond Beach, FL 32176

TITLE: DIRECTOR
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: DIRECTOR
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: DIRECTOR
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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:

D.S. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 904-677-5379

CR2E037 (9/99)