

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90180 044 ****61.25

DOCUMENT # N98000002488



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

Principal Place of Business

**242B NORTHSHORE
ORMOND BEACH FL 32176
US**

Mailing Address

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

2. Principal Place of Business

231 CARDINAL DR

3. Mailing Address

P.O. BOX 2180

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORM BCH FL

City & State

ORM BCH FL

Zip

32176

Country

Zip

32175

Country

4. FEI Number **59-3604782**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARK H. BUDIANSKY**
Street Address (P.O. Box Number is Not Acceptable)

1774 JOHN ANDERSON DR

City **ORM BCH FL** Zip Code **32176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mark H Budiansky

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.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** Delete
NAME **PATEL, D.S.**
STREET ADDRESS **P.O. BOX 2042**
CITY-ST-ZIP **ORMOND BEACH FL 32175**

TITLE **PTD** Change Addition
NAME **MARK H BUDIANSKY**
STREET ADDRESS **P.O. BOX 2180**
CITY-ST-ZIP **ORM BCH FL 32175**

TITLE **VPD** Delete
NAME **LEWIS, RAYNE**
STREET ADDRESS **242A NORHTSHORE DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **MEYERS, PAM**
STREET ADDRESS **242B NORTHSHORE DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark H Budiansky

1/23/02 3862558565

CR2E037 (10/02)