

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006933

1. Entity Name

OCEAN VILLA OWNERS' ASSOCIATION OF CRESCENT BEAC

FILED

Aug 21, 2000 8:00 am  
Secretary of State

08-21-2000 90215 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O R. LEE DRAWDY  
6010 AIA SOUTH  
SAINT AUGUSTINE FL 32084

C/O R. LEE DRAWDY  
6010 AIA SOUTH  
SAINT AUGUSTINE FL 32084

ADDITON



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O CARLTON LAHTI  
Suite, Apt. #, etc.  
6012 AIA South

C/O CARLTON LAHTI  
Suite, Apt. #, etc.  
6012 AIA South

City & State  
ST. Augustine, FL

City & State  
ST. Augustine, FL

4. FEI Number  
59-2743783

Applied For  
☒ Not Applicable

Zip  
32080

Country  
St. Johns

Zip  
32080

Country  
ST. Johns

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

DRAWDY, R. LEE  
6010 AIA SOUTH  
SAINT AUGUSTINE FL 32084

Deceased

Name  
CARLTON LAHTI  
Street Address (P.O. Box Number is Not Acceptable)  
6012 AIA South

City ST. Augustine FL Zip Code 32080

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 Carlton Lahti CARLTON LAHTI 8-16-00  
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

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 DRAWDY, LEE R  
STREET ADDRESS 2935 DOCTOR LAKE DR  
CITY-ST-ZIP ORANGE PARK FL 32073  
☒ Delete Deceased

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE DVP  
NAME LAHTI, CARLTON B  
STREET ADDRESS 6012 AIA S  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084  
☐ Delete

TITLE DP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE DS  
NAME LAHTI, JANET  
STREET ADDRESS 6012 AIA S  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE DT  
NAME DRAWDY, SCOTT R  
STREET ADDRESS 2935 DOCTOR LAKE DR  
CITY-ST-ZIP ORANGE PARK FL 32073  
☐ Delete

TITLE DVP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE DT  
NAME DRAWDY, KELLEY  
STREET ADDRESS 2935 DOCTOR LAKE DR  
CITY-ST-ZIP ORANGE PARK, FL 32073  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: CARLTON LAHTI 8-16-00 (904) 461-4513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)