

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006933**

1. Entity Name

OCEAN VILLA OWNERS' ASSOCIATION OF CRESCENT BEAC**FILED****Mar 23, 2001 8:00 am**
Secretary of State

03-23-2001 90010 014 ****61.25

Principal Place of Business

C/O CARLTON LAHTI
6012 A1A S
ST AUGUSTINE FL 32080

Mailing Address

C/O CARLTON LAHTI
6012 A1A S
ST AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2743783

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

LAHTI, CARLTON
6012 A1A SOUTH
ST AUGUSTINE FL 32080

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LAHTI, CARLTON B
6012 A1A S
SAINT AUGUSTINE FL 32084 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LAHTI, JANET
6012 A1A S
SAINT AUGUSTINE FL 32084 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DRAWDY, SCOTT R
2935 DOCTOR LAKE DR
ORANGE PARK FL 32073 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DRAWDY, KELLEY
2935 DOCTOR LAKE DR
ORANGE PARK FL 32073 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DVP
ELIZABETH M. LEARY
6010 A1A SOUTH **ST. AUGUSTINE, FL 32080**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DT
ROBERT J. ASPINWALL
6010 A1A SOUTH **ST. AUGUSTINE, FL 32080**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-20-01**
Date**(904) 461-4513**
Daytime Phone #

CR2E037 (10/00)