

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 8:30

DOCUMENT # P93000018256 (6)

1. Corporation Name

OCEAN VILLAGE CLUB CONDOMINIUM RENTALS, INC.

Principal Place of Business

4250 HIGHWAY A1A
ST. AUGUSTINE FL 32084

Mailing Address

4250 HIGHWAY A1A
ST. AUGUSTINE FL 32094

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/10/1993** 3a. Date of Last Report **06/20/1994**

4. FEI Number **59-3170655** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

JACOBS, PHILIP H
4250 A1A SOUTH
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name **SANDRA G EIB**
82 Street Address (P. O. Box Number is Not Acceptable) **4250 A1A SOUTH**
83
84 City **ST AUGUSTINE** FL 85 Zip Code **32084**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Sandra G Eib*
Signature, typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

6/1/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAILEY, ROSE MARIE
STREET ADDRESS	4250 A1A SOUTH, O21
CITY - ST - ZIP	ST. AUGUSTINE FL 32084
TITLE	V
NAME	JUSTICE, ROBERT
STREET ADDRESS	748 FAWCETT DRIVE
CITY - ST - ZIP	BEAVERS CREEK OH 45434
TITLE	S
NAME	BEAULIEU, MARGUERITE
STREET ADDRESS	4250 A1A SOUTH, K34
CITY - ST - ZIP	ST. AUGUSTINE FL 32084
TITLE	AS
NAME	TAYLOR, GERALDINE
STREET ADDRESS	4833 AVENT DRIVE
CITY - ST - ZIP	JACKSONVILLE FL 32244
TITLE	T
NAME	SHANK, JOHN
STREET ADDRESS	4250 A1A SOUTH, H26
CITY - ST - ZIP	ST. AUGUSTINE FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SAM'S
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GERALDINE TAYLOR
23 STREET ADDRESS	4833 AVENT DRIVE
24 CITY - ST - ZIP	JACKSONVILLE, FL 32244
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	S
33 STREET ADDRESS	GERMEL JANE
34 CITY - ST - ZIP	4250 A1A SOUTH, O-21 ST. AUGUSTINE, FL 32084
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	AS
43 STREET ADDRESS	TAYLOR-HART, SALLY
44 CITY - ST - ZIP	4250 A1A SOUTH ST. AUGUSTINE, FL 32084
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	T
53 STREET ADDRESS	PINCHERA, ANN
54 CITY - ST - ZIP	4250 A1A SOUTH, P-26 ST. AUGUSTINE, FL 32084
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann Pinchera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANN PINCHERA - TREASURER

6/2/95 904-247-8933
Date Daytime Phone #