

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000018256 (6)**

1. Corporation Name

**OCEAN VILLAGE CLUB CONDOMINIUM RENTALS, INC.**



Principal Place of Business

Mailing Address

4250 HIGHWAY A1A  
ST. AUGUSTINE FL 32084

4250 HIGHWAY A1A  
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified **03/10/1993**      3a. Date of Last Report **06/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEIB, SANDRA  
4250 A1A SOUTH  
ST AUGUSTINE FL 32084**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

Signature type (if period name of registered agent and title it applies)

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  DELETE  
NAME **BAILEY, ROSE MARIE**  
STREET ADDRESS **4250 A1A SOUTH, 021**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

1.1 TITLE **P/D**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V**  DELETE  
NAME **TAYLOR, GERALDINE**  
STREET ADDRESS **4833 AVENT DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **V/D**  Change  Addition  
2.2 NAME **FERRIER, JANE**  
2.3 STREET ADDRESS **4250 A1A SOUTH 022**  
2.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE  DELETE  
NAME **FERRIER, JANE**  
STREET ADDRESS **4250 A1A SOUTH D-22**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

3.1 TITLE **S/D**  Change  Addition  
3.2 NAME **HOWARD, BARBARA**  
3.3 STREET ADDRESS **4250 A1A SOUTH B31**  
3.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE  DELETE  
NAME **AS EVANS-HART, SALLY**  
STREET ADDRESS **4250 A1A1 SOUTH D**  
CITY-ST-ZIP **ST AUGUSTINE FL**

4.1 TITLE **T/D**  Change  Addition  
4.2 NAME **THRAILKILL, JOHN**  
4.3 STREET ADDRESS **1093 A1A BEACH BLVD., #348**  
4.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE  DELETE  
NAME **T PINCHERA, ANN**  
STREET ADDRESS **4250 A1A SOUTH P-26**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

5.1 TITLE **D**  Change  Addition  
5.2 NAME **IVANS, SALLY**  
5.3 STREET ADDRESS **4250 A1A SOUTH D23**  
5.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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: *John Thrailkill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN THRAILKILL, TRESASIBER

2/20/96  
Date

904-471-3867  
Daytime Phone #

CR2E034 (12/95)