

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90248 006 \*\*\*150.00

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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 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1993

4. FEI Number

59-3170655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4250 I-25

9. Name and Address of Current Registered Agent

GEIB, SANDRA  
4250 A1A SOUTH  
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KIRBY, MARIE  
STREET ADDRESS 4250 ALA SOUTH #P23  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☒ DELETE

NAME PD FERRIER, JANE  
STREET ADDRESS 4250 A1A SOUTH, #022  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☒ DELETE

NAME SD HOWARD, BARBARA  
STREET ADDRESS 9 SAN LUIS LANE  
CITY-ST-ZIP PALM COAST FL

TITLE ☒ DELETE

NAME TD DOYLE, LYNNETTE  
STREET ADDRESS 4250 A1A SOUTH, #P 18  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME VPD KAKASCIK, JOHN  
STREET ADDRESS 4250 A1A SOUTH D-35  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Rose Marie Bailey  
2.3 STREET ADDRESS 4250 A1A South # 021  
2.4 CITY-ST-ZIP St. Augustine, FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SD Richard Southworth  
3.3 STREET ADDRESS 4250 A1A South # G F  
3.4 CITY-ST-ZIP St. Augustine, FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME TD Henry R. Bosselman  
4.3 STREET ADDRESS 4250 A1A South # I 25  
4.4 CITY-ST-ZIP St Augustine FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME KAKASCIK

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Henry R. Bosselman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

904-471-3973

Daytime Phone #

CR2E034 (11/98)

0565628