


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

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000018256

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1993	
21	26	4. FEI Number 59-3170655		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. UNIT I-25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRBY, MARIE	
STREET ADDRESS	4250 ALA SOUTH #P23	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERRIER, JANE	
STREET ADDRESS	4250 A1A SOUTH, #022	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, BARBARA	
STREET ADDRESS	9 SAN LUIS LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, LYNNETTE	
STREET ADDRESS	4250 A1A SOUTH, #P 18	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KAKASCIK, JOHN	
STREET ADDRESS	4250 A1A SOUTH D-35	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Southworth
3.3 STREET ADDRESS	4250 A1A South # G F
3.4 CITY-ST-ZIP	St. Augustine, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Henry R. Bosselman
4.3 STREET ADDRESS	4250 A1A South # I 25
4.4 CITY-ST-ZIP	St. Augustine FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kakascik
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **BOSSELMAN** 4/15/99 904-471-3973
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)