

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

APPROVED  
AND  
FILED

98 JUN -5 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sanjira B. Meytham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000049600 (4)  
1. Corporation Name  
OCEAN VILLAGE RENTALS, INC.

Principal Place of Business  
229 CARDINAL DRIVE  
ORMOND BEACH FL 32176

Mailing Address  
P.O. BOX 2107  
ORMOND BEACH FL 32175



500002552995-- 4

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/02/1997

4. FEI Number  
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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 220 ARLINGTON WAY  
Suite, Apt. #, etc.

22 City & State  
23 ORMOND BEACH, FL.

24 32176 25 Volusia 29 Zip Country

9. Name and Address of Current Registered Agent  
KOWALSKI, JUDY  
229 CARDINAL DRIVE  
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent  
81 Name DR. NICK SILEO

82 Street Address (P.O. Box Number is Not Acceptable)  
220 ARLINGTON WAY

83 City ORMOND BEACH, FL 85 Zip Code 32176

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 agree to the qualifications of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PRESIDENT/DIRECTOR  
NAME JUDY KOWALSKI  
STREET ADDRESS 229 CARDINAL DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE PRESIDENT/DIRECTOR  
12 NAME DR. NICK SILEO  
13 STREET ADDRESS 220 ARLINGTON WAY  
14 CITY-ST-ZIP ORMOND BEACH, FL 32176

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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.

CR2E034 (10/97)