

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 717706**

1. Entity Name

**OCEAN COLONY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1620 SOUTH OCEAN BLVD  
POMPANO BEACH FL 330621620 SOUTH OCEAN BLVD  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1346162**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRINGER, DONNA M.  
1620 SOUTH OCEAN BLVD.  
POMPANO BCH FL 33062Name  
Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LAWLEY, WILLIAM ☐ Delete  
STREET ADDRESS 1620 S. OCEAN BLVD, #8-B  
CITY-ST-ZIP POMPANO BEACH, FL 33062TITLE D  
NAME DAVIS, BARBARA ☐ Change ☒ Addition  
STREET ADDRESS 1620 S. OCEAN BLVD. #15-F  
CITY-ST-ZIP POMPANO BEACH, FL 33062TITLE VPD  
NAME TOOHEY, JOHN J. ☐ Delete  
STREET ADDRESS 1620 S. OCEAN BLVD, #14-F  
CITY-ST-ZIP POMPANO BEACH FL 33062TITLE D  
NAME FISCELLA, MABEL ☐ Change ☒ Addition  
STREET ADDRESS 1620 S. OCEAN BLVD. #10-B  
CITY-ST-ZIP POMPANO BEACH, FL 33062TITLE D  
NAME LOPEZ, RAMON ☐ Delete  
STREET ADDRESS 1620 S. OCEAN BLVD. # 11-B  
CITY-ST-ZIP POMPANO BEACH FL 33062TITLE D  
NAME GIORGI, CONCELIA ☐ Change ☒ Addition  
STREET ADDRESS 1620 S. OCEAN BLVD #12-G  
CITY-ST-ZIP POMPANO BEACH, FL 33062TITLE SD  
NAME HUSSIAN, VINCENT P ☐ Delete  
STREET ADDRESS 1620 S. OCEAN BLVD. # 14-H  
CITY-ST-ZIP POMPANO BEACH FL 33062TITLE D  
NAME KRONNER, HENRY ☐ Change ☒ Addition  
STREET ADDRESS 1620 S. OCEAN BLVD. # 8-H  
CITY-ST-ZIP POMPANO BEACH, FL 33062TITLE TD  
NAME DIGIORGIO, JOHN ☐ Delete  
STREET ADDRESS 1620 S. OCEAN BLVD 3-G  
CITY-ST-ZIP POMPANO BEACH FL 33062TITLE D  
NAME WALLIS, PETER ☐ Change ☒ Addition  
STREET ADDRESS 1620 S. OCEAN BLVD. #8-G  
CITY-ST-ZIP POMPANO BEACH, FL 33062TITLE D ☒ Delete  
NAME SAMPERS, HENRY  
STREET ADDRESS 1620 S. OCEAN BLVD. STE. 7-A  
CITY-ST-ZIP POMPANO BEACH FL 33062TITLE ☐ Change ☐ Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/02 (954) 781-9670

Date

Daytime Phone #

CR2E037 (9/01)