

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90056 046 \*\*\*\*61.25

**DOCUMENT # 717706**

1. Entity Name  
**OCEAN COLONY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1620 SOUTH OCEAN BLVD  
POMPANO BEACH FL 33062**

Mailing Address  
**1620 SOUTH OCEAN BLVD  
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1346162**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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 33062**

Name

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **LAWLEY, WILLIAM**  
STREET ADDRESS **1620 S. OCEAN BLVD, #8-B**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D**  Change  Addition  
NAME **FISCELLA, MABEL**  
STREET ADDRESS **1620 S. OCEAN BLVD. # 10-B**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **VPD**  Delete  
NAME **TOOHEY, JOHN J.**  
STREET ADDRESS **1620 S. OCEAN BLVD, #14-F**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D**  Change  Addition  
NAME **KRONNER, HENRY**  
STREET ADDRESS **1620 S. OCEAN BLVD. #8-H**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **D**  Delete  
NAME **LOPEZ, RAMON**  
STREET ADDRESS **1620 S. OCEAN BLVD., #11-B**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D.**  Change  Addition  
NAME **RIDEG, CARL**  
STREET ADDRESS **1620 S. OCEAN BLVD. #15-B POMP BCH, FL**  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **HUSSIAN, VINCENT P**  
STREET ADDRESS **1620 S. OCEAN BLVD., #14-H**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **SD**  Change  Addition  
NAME **DAVIS, BARBARA J.**  
STREET ADDRESS **1620 S. OCEAN BLVD. # 15-F**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **TD**  Delete  
NAME **DIGIORGIO, JOHN**  
STREET ADDRESS **1620 S. OCEAN BLVD 3-G**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D**  Change  Addition  
NAME **SIMON, ALFRED**  
STREET ADDRESS **1620 S. OCEAN BLVD. #12-P**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **D**  Delete  
NAME **DAVIS, BARBARA**  
STREET ADDRESS **1620 S. OCEAN BLVD., #15-F**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)* **SIGNATURE REQUIRED**

2-28-03

954-781-9670

CR2E037 (10/02)