FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90278 042 ****61.25

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

DOCUMENT # 723731

1. Entity Name
THIRD OCEAN CLUB CONDOMINIUM ASSOCIATION, INC

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11013906
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2. Principal Place of Business	3. Mailing Address
KEYSTONE PROPERTY MANAGEMENT GROUP INC	
Suite, Apt. #, etc.: 1717 20TH ST. SUITE #102	Suite, Apt. #, etc.
City & State: VERO BEACH, FL.	City & State
Zip: 32960 Country: INDIAN RIVER	Zip Country

4. FEI Number: 59-1525258 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: WILLIAM F. MILLER
Street Address (P.O. Box Number is Not Acceptable): KEYSTONE PROPERTY MANAGEMENT GROUP, INC.
1717 20TH ST SUITE #102
City: VERO BEACH FL Zip Code: 32960

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] 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	P.D.	
NAME	O'BRIEN, MILES	
STREET ADDRESS	#102, 4450 NORTH A1A	
CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE	T.D.	
NAME	SIMMENS, ALAN	
STREET ADDRESS	#204, 4450 NORTH A1A	
CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE	V.P.D.	
NAME	BARTH, PHILLIP	
STREET ADDRESS	1717 INDIAN RIVER BLVD. #202A	
CITY-ST-ZIP	VERO BEACH, FL. 32960	
TITLE	SECRETARY	
NAME	O'BRIEN, CAROL	
STREET ADDRESS	#102, 4450 NORTH A1A	
CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE	D	
NAME	PATEL, MAHENDRA	
STREET ADDRESS	#106, 4450 NORTH A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	
NAME	CAPAZOLI, FRED	
STREET ADDRESS	#104, 4450 NORTH A1A	
CITY-ST-ZIP	VERO BEACH, FL. 32963	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MILES M. O'BRIEN 772-231-6266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #