

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

0031577

DOCUMENT # 725393

1. Entity Name

FIRST OCEANSIDE CONDOMINIUM ASSOCIATION, INC.

04-07-2001 90013 039 ****61.25

Principal Place of Business

1441 OCEAN DRIVE
 VERO BEACH FL 32963-5305

Mailing Address

1441 OCEAN DRIVE
 VERO BEACH FL 32963-5305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1563772

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLT, DOLORES
1441 OCEAN DR
#303
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	QUINN, ALICIA	
STREET ADDRESS	1441 OCEAN DRIVE #305	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, J D	
STREET ADDRESS	1441 OCEAN DR #308	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROISI, EDNA	
STREET ADDRESS	1441 OCEAN DRIVE #209	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLT, DELORES	
STREET ADDRESS	303 1441 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNIRK, RUTH	
STREET ADDRESS	1441 OCEAN DR #107	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LANCASTER, KATHLEEN	
STREET ADDRESS	102 1441 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVE MUNZENMAYER	
STREET ADDRESS	1441 Ocean Drive #108	
CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANNE MOORE	
STREET ADDRESS	1441 ocean Drive #311	
CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Stocke	
STREET ADDRESS	1441 Ocean Drive #109	
CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN RINGGOLD	
STREET ADDRESS	1441 OCEAN DRIVE #102	
CITY-ST-ZIP	VERO BEACH, FL. 32963	

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

O.E. Munzenmayer

Date

03/29/01

Daytime Phone #

561-234-8568

CR2E037 (10/00)