

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90140 022 ****70.00

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DOCUMENT # 729876

1. Entity Name

OCEANS THREE CONDOMINIUM ASSOCIATON, INC.



Principal Place of Business
**3043 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118**

Mailing Address
**3043 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1649524**

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

7. Name and Address of New Registered Agent

**WEBSTER, DANIEL J P.A.
347 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114-4934**

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
After September 10, 2003, min will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	P BUSHEY, JIM 3043 SOUTH ATLANTIC AVE. #204 DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRICK, RICK 3043 SOUTH ATLANTIC AVE. #1904 DAYTONA BEACH SHORES FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNBAR, CAROLE 3043 SOUTH ATLANTIC AVENUE #203 DAYTONA BEACH SHORES FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARR, ANNE 3043 SOUTH ATLANTIC AVENUE #1404 DAYTONA BEACH SHORES FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, VIRGINIA 3043 SOUTH ATLANTIC AVENUE #901 DAYTONA BEACH SHORES FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADDRA, ROBERT 3043 SOUTH ATLANTIC AVE. #906 DAYTONA BEACH SHORES FL 32118	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELUCA, HUGO 3043 S.ATLANTIC AVE. #1902 DAYTONA BEACH FL32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARR, ANNE 3043 S.ATLANTIC AVE. #1404 DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, YVONNE 3043 S.ATLANTIC AVE. #603 DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. T TARANTINE, BOBBIE 3043 S.ATLANTIC AVE. #1103 DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWOOD, JOHN 3043 S.ATLANTIC AVE. #1402 DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: CAROLE A. DUNBAR, SECRETARY
SIGNATURE REQUIRED

7-21-03

761-4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)