

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732870

1. Entity Name

OCEANA ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90041 012 ****61.25

Principal Place of Business 9920 S. OCEAN DR. HUTCHINSON ISLAND JENSEN BEACH FL 34957-2433	Mailing Address 9920 S. OCEAN DR. HUTCHINSON ISLAND JENSEN BEACH FL 34957-2438
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1799874	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, ELLEN
611 S FEDERAL HWY
STE C
STUART FL 34994**

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

**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	<input checked="" type="checkbox"/> Delete
NAME BARTELS, WILLIAM	
STREET ADDRESS 9900 S OCEAN DRIV	
CITY-ST-ZIP JENSEN BEACH FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HACK, FRANK	
STREET ADDRESS 9940 S OCEAN DRIVE	
CITY-ST-ZIP JENSEN BEACH FL	
TITLE DT	<input checked="" type="checkbox"/> Delete
NAME SMITH, ROY	
STREET ADDRESS 9900 S OCEAN DRIVE	
CITY-ST-ZIP JENSEN BCH, FL 00000	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME SLATTERY, THOMAS	
STREET ADDRESS 9900 S OCEAN DR	
CITY-ST-ZIP JENSEN BEACH, FL 00000	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME DAVIS, LON	
STREET ADDRESS 9940 S OCEAN DR	
CITY-ST-ZIP JENSEN BEACH FL 34952	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVIS, GABRIELLE	
STREET ADDRESS 9940 S. Ocean Drive #306	
CITY-ST-ZIP Jensen Beach, FL 34957	
TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Reddington, Thomas	
STREET ADDRESS 9900 S. Ocean Drive #204	
CITY-ST-ZIP Jensen Beach, FL 34957	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Warhacz, Robert	
STREET ADDRESS 9940 S. Ocean Drive	
CITY-ST-ZIP Jensen Beach, FL 34957	
TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Coonan, James	
STREET ADDRESS 9900 S. Ocean Drive #205	
CITY-ST-ZIP Jensen Beach, FL 34957	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Roe, Roger	
STREET ADDRESS 9940 S. Ocean Drive #3	
CITY-ST-ZIP Jensen Beach, FL 34957	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gabrielle Davis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabrielle Davis, Pres.

3/2/2000

Date Daytime Phone #

CR2E037 (9/99)