

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90038 015 ****61.25

DOCUMENT # 732870

1. Entity Name

OCEANA ASSOCIATION, INC.

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 34957-2433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1799874

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Robert A. Burson, P.A.

Street Address (P.O. Box Number is Not Acceptable)

310 West 1st. Street

City

Stuart

FL

Zip Code

34994

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD DAVIS, GABRIELLE**
 STREET ADDRESS **9940 SOUTH OCEAN DRIVE #306**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD REDDINGTON, THOMAS**
 STREET ADDRESS **9900 SOUTH OCEAN DRIVE #201**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD WARHACZ, ROBERT**
 STREET ADDRESS **9940 SOUTH OCEAN DRIVE #205**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ROE, ROGER**
 STREET ADDRESS **9940 SOUTH OCEAN DRIVE #3**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD DAVIS, LON**
 STREET ADDRESS **9940 S OCEAN DR**
 CITY-ST-ZIP **JENSEN BEACH FL 34952**

TITLE Change Addition
 NAME **D Bleeker, Ray**
 STREET ADDRESS **9900 Sourt Ocean Drive**
 CITY-ST-ZIP **Jensen Beach, -FL 34957**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

Gabrielle Davis
Gabrielle Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2001
 Date

Daytime Phone #

CR2E037 (10/00)