

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/29/00-90194-021-\$61.25-\$61.25

DOCUMENT # 740740

1. Entity Name

OCEAN CAY CONDOMINIUM ASSOCIATION, INC.

FILED

00 MAR 22 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business % ASSOCIATION MANAGEMENT GROUP 7187 THOMPSON ROAD LANTANA, FL 33462 <i>Boynton Beach, FL 33426</i>	Mailing Address % ASSOCIATION MANAGEMENT GROUP 7187 THOMPSON ROAD LANTANA, FL 33462 <i>Boynton Beach, FL 33426</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 65-0822936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MEADE, JOHN 2984 SAN REMO WAY DELRAY BEACH FL 33445	7. Name and Address of New Registered Agent Name: <i>HUCKABY, JANET</i> Street Address (P.O. Box Number is Not Acceptable): <i>90 Association Management Group</i> 7187 Thompson Road City: <i>Boynton Beach, FL 33426</i> Zip Code: _____
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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, typed or printed name of registered agent and date if applicable. *Janet Huckaby* (NOTE: Registered Agent signature required when reinstating) DATE *2-15-00*

FILE NOW:  
FEE IS \$61.25

8. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD MADDUX, T.H. 6550 N OCEAN BLVD OCEAN RIDGE FL 33435 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP PD MONROE, PETE 6550 N. OCEAN BLVD OCEAN RIDGE, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
VPD REUSSE, REINHARD 6550 N OCEAN BLVD OCEAN RIDGE FL 33435 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD SLOAT, ROBERT 6550 N. OCEAN BLVD OCEAN RIDGE, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
S HUTCHISON, ELAINE P 6550 NO. OCEAN BLVD. #2 OCEAN RIDGE FL 33435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Hutchison, Elaine 6550 No Ocean Blvd #2 OCEAN RIDGE, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
T MEADE, JOHN 2984 SAN REMO WAY DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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: *Pete Monroe* DATE: *2-15-00* (561) 965-4486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PETE MONROE** Daytime Phone #