

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90130 048 \*\*\*\*61.25

**DOCUMENT # 740740**

1. Entity Name

**OCEAN CAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% ASSOCIATION MANAGEMENT GROUP  
 7187 THOMPSON ROAD  
 BOYNTON BEACH FL 33426

% ASSOCIATION MANAGEMENT GROUP  
 7187 THOMPSON ROAD  
 BOYNTON BEACH FL 33426

2. Principal Place of Business

Mailing Address

**Management Services**  
 OF AMERICA, INCORPORATED

**Same**

City & State  
**639 East Ocean Avenue, Suite 204**  
**Boynton Beach, Florida 33435**

City & State

4. FEI Number  
**65-0822936**

Applied For  
 Not Applicable

Zip  
**33435**

Country  
**PBC**

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

**HUCKABY, JANET**  
 ASSOCIATION MANAGEMENT GROUP  
 7187 THOMPSON ROAD  
 BOYNTON BEACH FL 33426

Name

**JANET HUCKABY**

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

**Management Services**  
 OF AMERICA, INCORPORATED

City

**639 East Ocean Avenue, Suite 204 FL**

Zip Code

**33435**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to **Boynton Beach, Florida 33435**.

SIGNATURE

*Janet Huckaby*

**3-12-02**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MONROE, PETE 6110 N OCEAN BLVD #3 OCEAN RIDGE FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAT, ROBERT 6550 N OCEAN BLVD OCEAN RIDGE FL 33435	<input checked="" 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Finlay, ALAN 6550 N. Ocean Blvd #4 Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input checked="" 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		<input 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		<input 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-02 (56) 752-9922**

Date Daytime Phone #

CR2E037 (9/01)