

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740969

1. Entity Name

DELRAY OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O M.J. GALLUP  
235 NE 6TH AVE.  
DELRAY BCH FL 33483  
US

C/O M.J. GALLUP  
235 NE 6TH AVE.  
DELRAY BCH FL 33483-5514  
US

2. Principal Place of Business

3. Mailing Address

1000 Ocean Terrace  
Suite, Apt. #, etc.

P.O. Box 639  
Suite, Apt. #, etc.

City & State

City & State

Delray Beach  
33403

Delray Beach  
FL

4. FEI Number

59-1783353

Applied For

☒ Not Applicable

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

PUGH, DAVID J  
235 NE 6TH AVE  
DELRAY BEACH FL 33483

Name: Sergio's Property Management, Inc.  
Street Address: P.O. Box 639  
City: Delray Beach, FL FL Zip Code: 33447

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)

4/10/00

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          | SDP                  | <input type="checkbox"/> Delete            |
| NAME           | KOHLER, DONALD F     |                                            |
| STREET ADDRESS | 316 JARVIS LN        |                                            |
| CITY-ST-ZIP    | LOUISVILLE, FL 00000 |                                            |
| TITLE          | NOT                  | <input type="checkbox"/> Delete            |
| NAME           | PRICE, RONALD        |                                            |
| STREET ADDRESS | 840 RIVER ROAD       |                                            |
| CITY-ST-ZIP    | BEAVER PA            |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | PUGH, DAVID J        |                                            |
| STREET ADDRESS | 235 NE 6TH AVE.      |                                            |
| CITY-ST-ZIP    | DELRAY BCH. FL       |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | QUAY, CAROLYN        |                                            |
| STREET ADDRESS | 1000 OCEAN TERR B    |                                            |
| CITY-ST-ZIP    | DELRAY BEACH FL      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | VD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Wayne Dunn                 |                                                                              |
| STREET ADDRESS | 1000 Ocean Terrace, Unit D |                                                                              |
| CITY-ST-ZIP    | Delray Beach, FL 33403     |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)