

DOCUMENT # 744413

1. Entity Name

300 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90087 031 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1 TURTLE BEACH ROAD
VERO BEACH FL 32963

1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2027425

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not checked

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, MICHAEL L.
1 TURTLE BEACH ROAD
VERO BEACH FL 32963

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

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.

Not checked

\$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

Table with 6 rows of officer information including titles (AS, VPTD, AS, SD, PD, D), names, and addresses.

Table with 6 rows for additions/changes, including checkboxes for Change and 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
Michael L. Rose

3/23/00

Date

(561) 231-1666

Daytime Phone #

CR2E037 (9/99)