


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91806 017 \*\*\*\*61.25

|   |   |
|---|---|
| DOCUMENT # <b>745977</b>  |  |
| 1. Entity Name <b>management Corporation of Oceanview, Inc.</b> |   |

**DO NOT WRITE IN THIS SPACE**

**80112034**

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>2160 N. Hwy A1A</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1617 Cooling Ave</b><br>Suite, Apt. #, etc. |
|---|--|

DO NOT WRITE IN THIS SPACE

|  |                                     |                                    |  |
|--|-------------------------------------|------------------------------------|--|
| City & State<br><b>Indianapolis FL</b> | City & State<br><b>Melbourne FL</b> | 4. FEI Number<br><b>39-2125198</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32903</b>                    | Country<br><b>USA</b>               | Zip<br><b>32935</b>                | Country<br><b>USA</b>                                  |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

|   |                 |
|---|-----------------|
| 7. Name and Address of Current Registered Agent                               |                 |
| Name<br><b>space Coast Property Management</b>                                |                 |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1617 Cooling Ave</b> |                 |
| City<br><b>Melbourne</b>  | FL <b>32935</b> |

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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-03**

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |  |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>Whitman, Richard</b><br><b>2160 Hwy A1A #404</b><br><b>Indianapolis, FL 32903</b>           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D SECY</b><br><b>Sugrue, Ginger</b><br><b>2150 Hwy A1A #209</b><br><b>Indianapolis, FL 32903</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D VP</b><br><b>Kish, Dennis</b><br><b>2150 Hwy A1A</b><br><b>Indianapolis, FL 32903</b>                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D Director</b><br><b>Byrd, Eileen</b><br><b>2150 Hwy A1A #208</b><br><b>Indianapolis, FL 32903</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D Director</b><br><b>MERLE RICHARDSON</b><br><b>2150 NW Hwy A1A #109</b><br><b>Indianapolis FL 32903</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-03**

Date

**321-757-9609**

Daytime Phone #

CR2E037B (12/02)