

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748798

1. Entity Name

OCEAN TERRACE NORTH CONDOMINIUM ASSOCIATION, INC

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90183 025 \*\*\*\*61.25

Principal Place of Business OCEAN TERRACE NORTH HIGHLAND BCH FL 33487	Mailing Address 3115 SOUTH OCEAN BLVD OFFICE HIGHLAND BCH FL 33487-2577
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-2063836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAPT JOE BISHOP 3115 SOUTH OCEAN BLVD HIGHLAND BEACH FL 33487		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Capt Joe Bishop* MANAGER DATE 3-27-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CABOT, JOSEPH 3115 S OCEAN BLVD #501 HIGHLAND BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD. ROBERT LOESNER 3115 S. OCEAN BLVD HIGHLAND BEACH, FLA. 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOESNER, ROBERT 3115 S. OCEAN BLVD. HIGHLAND BEACH FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. DORIS ALBERT 3115 SOUTH OCEAN BLVD. HIGHLAND BEACH, FLA. 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEWANT, LYNNE 3115 S OCEAN BLVD #103 HIGHLAND BCH. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. CHARLES MOSKOVITZ. 3115 S. OCEAN BLVD HIGHLAND BEACH, FLA 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSKOVITZ, CHARLES 3115 S OCEAN BLVD #401 HIGHLAND BCH. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. ANTONIO FERRE. 3115 SOUTH OCEAN BLVD HIGHLAND BEACH, FLA. 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBERT, DORIS 3115 S. OCEAN BLVD. #404 HIGHLAND BEACH FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CABOT JOSEPH. 3115 S. OCEAN BLVD. HIGHLAND BEACH, FLA 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: *ANTONIO FERRE* MANAGER DATE 3-27-2000 Daytime Phone # 561-272-4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)