

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **750231**

1. Entity Name

**Ocean Residence North  
Home Owners' Association, Inc.****FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90049 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**263 Ocean Residence Ct  
Satellite Beach, FL.  
32937****251 Ocean Residence Ct  
Satellite Beach, FL.  
32937****770277**

2. Principal Place of Business

**as above**

3. Mailing Address

**as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

**59-0243516**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent **thru 12/00**7. Name and Address of New Registered Agent **as of 4/26/01****Kelly Moes  
257 Ocean Residence Ct.  
Satellite Beach, FL. 32937**

Name

**Mary Ann Fielack**

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

**251 Ocean Residence Ct.****Satellite Beach**

City

**FL**Zip Code  
**32937**

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

**Mary Ann Fielack****4/26/01**

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 **P D** ☐ Delete  
NAME **Scott Kemp**  
STREET ADDRESS **263 Ocean Residence Ct.**  
CITY-ST-ZIP **Satellite Beach, FL 32937**TITLE **D** ☒ Change ☐ Addition  
NAME **Louis M. Fielack**  
STREET ADDRESS **251 Ocean Residence Ct**  
CITY-ST-ZIP **Satellite Beach, FL 32937**TITLE **D** ☐ Delete  
NAME **Carl Nicodemus**  
STREET ADDRESS **261 Ocean Residence Ct**  
CITY-ST-ZIP **Satellite Beach, FL 32937**TITLE **S** ☒ Change ☐ Addition  
NAME **Katherine Crowe**  
STREET ADDRESS **255 Ocean Residence Ct.**  
CITY-ST-ZIP **Satellite Beach, FL 32937**TITLE **D S** ☒ Delete  
NAME **Don Moes**  
STREET ADDRESS **257 Ocean Residence Ct**  
CITY-ST-ZIP **Satellite Beach, FL 32937**TITLE **T** ☒ Change ☐ Addition  
NAME **Mary Ann Fielack**  
STREET ADDRESS **251 Ocean Residence Ct**  
CITY-ST-ZIP **Satellite Beach, FL 32937**TITLE **T** ☒ Delete  
NAME **Kelly Moes**  
STREET ADDRESS **257 Ocean Residence Ct.**  
CITY-ST-ZIP **Satellite Beach, FL 32937**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

**Mary Ann Fielack / Mary Ann Fielack Treasurer 4/26/01 (321) 779-1945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)