


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

AMENDED

DOCUMENT # 750231	
1. Entity Name Ocean Residence North Homeowners Association, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -2 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 263 OCEAN RESIDENCE NORTH Suite, Apt. #, etc.	3. Mailing Address 263 OCEAN RESIDENCE CT Suite, Apt. #, etc.
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100022929654
09/10/03--01044--023 **61.25
DO NOT WRITE IN THIS SPACE

City & State Satellite Beach, FL	City & State Satellite Beach, FL
Zip 32937	Country BREVARD

4. FEI Number 59-0243516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Scott A. Kemp	
Street Address (P.O. Box Number is Not Acceptable) 263 OCEAN RESIDENCE CT	
City Satellite Beach	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

MRD

FEF 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 NAME STREET ADDRESS CITY-ST-ZIP President Fielack, Louis M 251 OCEAN RESIDENCE CT Satellite Bch, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary West, Lynne 4365 S. Neptune Dr. Satellite Beach, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Kemp, Scott 263 OCEAN RESIDENCE CT Satellite Beach, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Crowe, Kit 255 OCEAN RESIDENCE CT Satellite Beach, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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

8/5/03 **321-779-4418**
Date Daytime Phone #

CR2E037B (12/02)