2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am **DOCUMENT # 751429 Secretary of State** 1. Entity Name 01-25-2001 90235 031 ****61.25 CEAIRE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4310 S. OCEAN BLVD., APT. B 4310 S. OCEAN BLVD., APT. B HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 26-7815875 Not Applicable Zip Zip' Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent steel, l**yu**ne 4310 S. OCEAN BLVD., APT. D HIGHLAND BEASH FL 33487 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 **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition NAME CAMPAGNA, ANTHONY NAME STREET ADDRESS STREET ADDRESS 4310 S. OCEAN BLVD., APT. B CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL 33487 □ Change ☐ Addition TITLE TITLE ☐ Delete CAMPAGNA, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 4310 S. OCEAN BLVD., APT. B CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL 33487 TITLE TITLE ☐ Change ☐ Addition Delete NAME STEEL. LYNNE NAME STREET ADDRESS STREET ADDRESS 4310 S. OCEAN BLVD., APT. B CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Addition TITLE TITLE ☐ Change Delete BELOLO, BESALEL NAME NAME STREET ADDRESS 4310 S. OCEAN BLVD., APT. B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL 33487 JOHN PAR SONS TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 4310 S. Ocean Blud 33487 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 S. Mary Camp Abas /- 17-2001 SIGNATURE:

#ke empowered

FILED