

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91536 031 ****61.25

DOCUMENT # 766506

1. Entity Name

AVANTI OCEAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2504 ATLANTIC BCH BLVD
 #1B
 FT. PIERCE FL 34949
 US**

**2504 ATLANTIC BCH BLVD
 #1B
 FT. PIERCE FL 34949
 US**

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

59-2643969

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLISON, JOHN R., III
 111 N.E. FIRST ST.
 MIAMI FL 33132**

Name

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

City

FL

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FAHEY, DONALD 2504 ATLANTIC BCH BLVD, #1B FT. PIERCE FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAHEY, PATRICA 2504 ATLANTIC BCH BLVD, #1B FT. PIERCE FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, JOSEPH J 2504 ATLANTIC BLVD, #2B FT. PIERCE FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Patricia Fahey
PATRICA FAHEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

466-7421
 Daytime Phone #

CR2E037 (9/01)