


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90408 015 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2643969**      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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D (SPELLING)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARRUDA JOSEPH J.</b>	
STREET ADDRESS	<b>2504 ATL. BCH Blvd. 2-B</b>	
CITY-ST-ZIP	<b>FT Pierce FL 34949</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *PATRICIA FAHEY* *Patricia Fahey* *4/28/03* *466-7424*

CR2E037 (10/02)