

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766849

1. Entity Name

OCEAN HARBOUR VILLAS OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4235 N. A2A #11
FT. PIERCE FL 34949
US

4235 N. A2A #11
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITLEY, SANDRA
4235 N. A2A #11
FT PIERCE FL 34949

Name

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

4245 N. A2A #2

City

FT. Pierce

FL

Zip Code

34949

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 SANDRA Whitley
Signature, typed or printed name of registered agent and fee if applicable

Sandra C. Whitley
(NOTE: Registered Agent signature required when reinstating)

4-21-00
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 PD ☐ Delete
NAME DANEALT, MARCEL DDS
STREET ADDRESS 228 MCNAUGHTON DR.
CITY-ST-ZIP COLUMBUS OH 43213

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GILLILAND, LEW
STREET ADDRESS 4225 N. A2A, #19
CITY-ST-ZIP FT. PIERCE FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WHITLEY, SANDRA
STREET ADDRESS 4235 N. A2A, #11
CITY-ST-ZIP FT. PIERCE FL 34949

TITLE ☒ Change ☐ Addition
NAME SANDRA Whitley
STREET ADDRESS 4245 N. A2A #2
CITY-ST-ZIP FT. PIERCE, FL 34949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

(561) 595-0010

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)