

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766849

1. Entity Name

OCEAN HARBOUR VILLAS OWNER'S ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4245 N. A1A #1
Suite, Apt. #, etc.

3. Mailing Address

4245 N. A1A #1
Suite, Apt. #, etc.

City & State

FT. PIERCE, FL.

Zip

34949

Country

City & State

FT. PIERCE, FL.

Zip

34949

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

WHITLEY, SANDRA
4235 N. A2A #1
FT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name

SANDRA WHITLEY

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

4245 N. A1A #1

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

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

TITLE PD
NAME DANEULT, MARCEL DDS
STREET ADDRESS 228 MCNAUGHTON DR.
CITY-ST-ZIP COLUMBUS OH 43213 ☐ Delete

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

TITLE SD
NAME WHITLEY, SANDRA
STREET ADDRESS 4245 N. A1A #1
CITY-ST-ZIP FT. PIERCE FL 34949 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01

Date

Daytime Phone #

561-595-0010



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)