

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 790996**

1. Entity Name

SECOND OCEAN CLUB HOUSING ASSOCIATION, INC.**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90145 044 ****61.25

Principal Place of Business

**4410 NORTH A1A
VERO BEACH FL 32963**

Mailing Address

**4410 NORTH A1A
VERO BEACH FL 32963**

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

59-1318433

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORTE, LORRAINE H
C/O ADVANTAGE PROPERTY MANAGEMENT
1274 NE BUSINESS PARK PLACE
JENSEN BEACH FL 34957**

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG, DEAN 4987 DINGMAN SCHOOL RD EAST JORDAN MI 49727	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIONDELLA, EDWARD 31 GLENDALE DRIVE BRISTOL CT	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, ROBERT 1810 NW 23RD BLVD #128 GAINESVILLE FL	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORSE, STEWART 906 RIDLEY CREEK DR. MEDIA PA 19063	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEDRONSKY, BARBARA 623 SELKIRK DR. WINTERPARK FL 32792	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTH, JERRY P O BOX 424 N/A RAYMOND ME	☒ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, HARRY 2627 COLLINS AVE LAKELAND, FL 33803	☐ Change ☒ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

CR2E037 (10/00)