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

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90537 018 ****61.25

DOCUMENT # 790996

1. Entity Name
SECOND OCEAN CLUB HOUSING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1717 20TH STREET SUITE #102 VERO BEACH FL 32960	1717 20TH STREET SUITE #102 VERO BEACH FL 32960

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
MILLER, WILLIAM F C/O ADVANTAGE PROPERTY MANAGEMENT 1717 20TH STREET SUITE #102 VERO BEACH FL 32960	Name: Miller, William F. Street Address (P.O. Box Number is Not Acceptable): Keystone Property Management Group, Inc. 1717 20th St #102 City: Vero Beach, FL FL Zip Code: 32960

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: William F. Miller 4/9/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUDWIG, DEAN 4987 DINGMAN SCHOOL RD EAST JORDAN MI 49727	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CAPOZZOLI, FRED 5500 BONITA BEACH RD #5007 BONITA SPRINGS, FL. 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FIONDELLA, EDWARD 31 GLENDALE DRIVE BRISTOL CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, ROBERT 1810 NW 23RD BLVD #128 GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORSE, STEWART 906 RIDLEY CREEK DR. MEDIA PA 19063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STEDRONSKY, BARBARA 623 SELKIRK DR. WINTERP PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEDRONSKY, BARBARA 623 SELKIRK DR WINTER PARK, FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAWYER, HARRY 2627 COLLINS AVE LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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