

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90491 003 \*\*\*\*61.25

**DOCUMENT # N09026**

1. Entity Name

**OCEAN EIGHT CONDOMINIUM OWNER'S ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**7480 AIA SOUTH  
 APT. 201  
 ST. AUGUSTINE FL 32086  
 US**

**5012 NW 15TH PLACE  
 GAINESVILLE FL 32605  
 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 **59-2821941**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAGENER, KEN  
 5012 N.W. 15TH PLACE  
 GAINESVILLE FL 32605**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>OTWELL, STEVE</b>	
STREET ADDRESS	<b>5002 NW 15TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FAEHNLE, EILEEN</b>	
STREET ADDRESS	<b>770 VILLAGE PKWY</b>	
CITY-ST-ZIP	<b>WATERVILLE OH</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>OBERNAUF, GARY</b>	
STREET ADDRESS	<b>10110 YAWBERG RD</b>	
CITY-ST-ZIP	<b>GRAND RAPIDS OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DYER, ANNETTE</b>	
STREET ADDRESS	<b>466 MISTY LANE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WAGENER, KEN</b>	
STREET ADDRESS	<b>5012 N.W. 15TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>SEIPEL, FERD</b>	
STREET ADDRESS	<b>16488 E. RIVER RD</b>	
CITY-ST-ZIP	<b>BOWLING GREEN OH</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>223 WILLOWOOD</b>	
CITY-ST-ZIP	<b>BOWLING GREEN, OH 43402</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>10720 BREXTON CT</b>	
CITY-ST-ZIP	<b>WHITEHOUSE, OH 43571</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		

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/02** **419-878-7970**  
 Date Daytime Phone #

CR2E037 (9/01)