

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N22315**

1. Entity Name

**COMMANDER OCEAN RESORT CONDOMINIUM ASSOCIATION,**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90093 012 \*\*\*158.75

Principal Place of Business

Mailing Address

3100 N. OCEAN DR.  
SINGER ISLAND FL 33404

3100 N. OCEAN DR.  
SINGER ISLAND FL 33404-3214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0259346**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GERSON, GARY N ESQ.  
 NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
 1645 PALM BEACH LAKES BLVD., SUITE 1200  
 WEST PALM BEACH FL 33401**

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	DP	<input type="checkbox"/> Delete
NAME	SNOW, ROBERT	
STREET ADDRESS	3100 N. OCEAN DRIVE, SUITE 2D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRAHMBHATT, YASHVANT	
STREET ADDRESS	3100 N. OCEAN DRIVE, SUITE 2D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PARIKH, KANU	
STREET ADDRESS	3100 N. OCEAN DRIVE, SUITE 2D	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BODIN, DENNIS	
STREET ADDRESS	2540 DANIEL JOHNSON, STE. 800	
CITY-ST-ZIP	LEVAL, QUEBEC, CANADA H7T -2S3	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCHMAN, STANLEY	
STREET ADDRESS	638 FLAGLER BLVD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Yashvant Brahmbhatt*  
 Director  
 4/10/00

561-627-7988

CR2E037 (9/99)