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03-02-1999 90081 027 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25106

1. Corporation Name

OCEAN ISLE RUBICAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O BRUCE MILEY
4500 S.E. 5TH PLACE, UNIT 206
CAPE CORAL FL 33904

Mailing Address

C/O BRUCE MILEY
4500 S.E. 5TH PLACE, UNIT 206
CAPE CORAL FL 33904



2. Principal Place of Business

21 C/O ALBERT O. SNYDER JR
4500 SE 5TH PLACE

2a. Mailing Address

26 4500 SE 5TH PLACE

3. Date Incorporated or Qualified

03/01/1988

Suite, Apt. #, etc.

22 106

Suite, Apt. #, etc.

27 106

4. FEI Number

65-0058521

Applied For

Not Applicable

City & State

23 CAPE CORAL FLORIDA

City & State

28 CAPE CORAL FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 33904

Country

25 USA

Zip

29 33904

Country

30 USA

6. Election Campaign Financing ☐

Trust Fund Contribution **\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

MILEY, BRUCE F
4500 SE 5TH PL
APT 206
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

ALBERT O. SNYDER JR

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

4500 SE 5TH PLACE #106

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Albert O. Snyder Jr

1-18-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VSD
STREET ADDRESS NELSON, GWEN L.
174 MERION AVE
CITY-ST-ZIP ALDAN PA

TITLE ☒ DELETE

NAME PD
STREET ADDRESS MILEY, BRUCE F.
4500 SE 5TH PLACE 206
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME TD
STREET ADDRESS SNYDER, ALBERT O. JR.
4500 SE 5TH PLACE, UNIT 106
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PRESIDENT
RUSSELL BROWN
820 RANCOCAS AVE
RIVERSIDE, NJ 08075

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert O. Snyder Jr* ALBERT O. SNYDER JR

1-18-99

941 542 6064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)