

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90036 045 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N25106
1. Entity Name
OCEAN ISLE RUBICAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O ALBERT O. SNYDER, JR 4500 SE 5TH PLACE #106 CAPE CORAL FL 33904 US	Mailing Address 4500 SE 5TH PLACE STE 106 CAPE CORAL FL 33904 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0058521	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SNYDER, ALBERT O JR
4500 SE 5TH PLACE
#106
CAPE CORAL FL 33904

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE VSD NAME NELSON, GWEN L. STREET ADDRESS 174 MERION AVE CITY-ST-ZIP ALDAN PA	<input type="checkbox"/> Delete
TITLE PD NAME BROWN, RUSSELL STREET ADDRESS 820 RANCOCAS AVE CITY-ST-ZIP RIVERSIDE NJ 08075	<input type="checkbox"/> Delete
TITLE TD NAME SNYDER, ALBERT O. JR. STREET ADDRESS 4500 SE 5TH PLACE, UNIT 106 CITY-ST-ZIP CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VSD NAME NELSON, GWEN L. STREET ADDRESS 114 JUMPER LANE CITY-ST-ZIP WEST CHESTER, PA 19382	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Albert O. Snyder Jr **ALBERT O. SNYDER JR** 1/4/01 941 542 6064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)