

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90115 024 ****61.25

DOCUMENT # N29430

1. Entity Name

OCEAN ISLE RUBICAN II CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

C/O GULFSIDE CONDO MGMT
 PO BOX 1448
 CAPE CORAL FL 33910
 US

C/O GULFSIDE CONDO MGMT
 PO BOX 1448
 CAPE CORAL FL 33910-1319
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Gulf Side Condo mgmt

C/O Gulf Side Condo mgmt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 10/1448

PO Box 10/1448

City & State

City & State

CAPE CORAL, FL

CAPE CORAL FL

Zip

Country

Zip

Country

33910-

US

33910

US

4. FEI Number

65-0135236

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

WASSBERT, CURTIS
1303 SE 34TH TERRACE
CAPE CORAL FL 33904

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WORLEY, DOUGLAS	
STREET ADDRESS	4450 ST 5TH PLACE., #103	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOLEY, ARLENE	
STREET ADDRESS	4544 SE 5TH PL. #105	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, KEITH P	
STREET ADDRESS	4550 SE 5TH PLACE #102	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thiessenthusen, Donald	
STREET ADDRESS	4450 SE 5TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIZZAMIA, Vito	
STREET ADDRESS	4544 SE 5TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
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
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: *Donald Thiessenthusen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000 941-540-2112
 Date Daytime Phone #

CRE037 (9/99)