

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90172 017 ****61.25

DOCUMENT # N32750

1. Entity Name

THE OCEAN TRILLIUM SOUTH CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

**3405 ATLANTIC AVE
 NEW SMYRNA BCH. FL 32169**

**3405 ATLANTIC AVE
 NEW SMYRNA BCH. FL 32169-3627**

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

59-0388495

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

**PETERSON, SID C., JR.
 418 CANAL STREET
 NEW SMYRNA BEACH, 32168**

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 ☐ Delete
 NAME WYBROW, ROBERT
 STREET ADDRESS TILDEN LAKE
 CITY-ST-ZIP ONTARIO, CAN

TITLE PD ☒ Change ☐ Addition
 NAME WYBROW, ROBERT
 STREET ADDRESS 31 COLLEGE STREET BOX 457
 CITY-ST-ZIP Fonthill, Ont. Canada L0S 1E0

TITLE D ☒ Delete
 NAME CRIPPS, BASIL
 STREET ADDRESS 57 OLDEWOOD CRESCENT
 CITY-ST-ZIP ST. THOMAS, ONTARIO CA N5R-63

TITLE D ☐ Change ☒ Addition
 NAME STRUGAR, MICHAEL
 STREET ADDRESS 63 W. LEWIS AVENUE
 CITY-ST-ZIP MILAN, MICHIGAN 48160-1035

TITLE VP ☐ Delete
 NAME GRUBER, PATRICK
 STREET ADDRESS SS1 SITE 18 COMP 42
 CITY-ST-ZIP PENNETANQUISHENE ON

TITLE VP ☒ Change ☐ Addition
 NAME GRUBER, PATRICK
 STREET ADDRESS 381 LAKEWOOD DRIVE
 CITY-ST-ZIP MIDLAND, ONT. CANADA L4R 5H4

TITLE D ☐ Delete
 NAME O'NEIL, ALBERTA
 STREET ADDRESS RR 1 PUTNAM
 CITY-ST-ZIP ONTARIO CA

TITLE D ☒ Change ☐ Addition
 NAME O'NEIL, ALBERTA
 STREET ADDRESS RR#1 7561 HAMILTON ROAD
 CITY-ST-ZIP PUTNAM, ONT. CANADA N0L 2B0

TITLE ST ☐ Delete
 NAME BERTS, JOHN
 STREET ADDRESS 39 TOBIN PLACE
 CITY-ST-ZIP WOODSTOCK ON

TITLE ST ☒ Change ☐ Addition
 NAME BERST, JOHN
 STREET ADDRESS 39 TOBIN PLACE
 CITY-ST-ZIP WOODSTOCK, ONT. CANADA N4S 8N4

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

ROBERT WYBROW PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000 904-428-9106
 Date Daytime Phone #

CR2E037 (9/99)