2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90070 033 ****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

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name T.R. RUTA

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

3405 S. ATLANTIC AVE.

City NEW SMYRNA BEACH, FL. **FL** Zip Code 32169

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 T.R. RUTA T R Ruta 2-15-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WYBROW, ROBERT 31 COLLEGE STREET BOX 457 FONTHILL ON L05- 1EO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRUGAR, MICHAEL 63 W. LEWIS AVENUE MILAN MI 48160-1035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~GRUBER, PATRICK~~ ~~381 LAKEWOOD DRIVE~~ ~~MIDLAND ON L4R- 5H4~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'NEIL, ALBERTA RR#1 7561 HAMILTON ROAD PUTMAN ON N0L- 2B0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD O'Neil, Alberta RR# 1 7561 Hamilton Road Putman, Ont. N0L 2B0	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BERST, JOHN 39 TOBIN PLACE WOODSTOCK ON N4S- 8N4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BERST, JOHN 39 TOBIN PLACE WOODSTOCK, ON. N4S 8N4	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: ROBERT WYBROW 2/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #