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03-31-2003 90190 013 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N32750 1. Entity Name THE OCEAN TRILLIUM SOUTH CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 3405 ATLANTIC AVE NEW SMYRNA BCH. FL 32169		Mailing Address 3405 ATLANTIC AVE NEW SMYRNA BCH. FL 32169
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-0388495		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RUTA, T.R. 3405 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
SIGNATURE <u><i>T.R. Ruta</i></u>		DATE <u>3-25-03</u>
FILE NOW FEE IS \$61.25		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME WYBROW, ROBERT STREET ADDRESS 31 COLLEGE STREET BOX 457 CITY-ST-ZIP FORT HILL ON L05-1E0	<input checked="" type="checkbox"/> Delete	TITLE ST-D NAME STRUGAR, MICHAEL STREET ADDRESS 63 W. LEWIS AVENUE CITY-ST-ZIP MILAN, MI 48160-1035
TITLE D NAME STRUGAR, MICHAEL STREET ADDRESS 63 W. LEWIS AVENUE CITY-ST-ZIP MILAN MI 48160-1035	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME O'NEIL, ALBERTA STREET ADDRESS RR#1 7561 HAMILTON ROAD CITY-ST-ZIP PUTMAN ON N0L-2B0	<input type="checkbox"/> Delete	TITLE P-D NAME O'NEIL, ALBERTA STREET ADDRESS RR # 1, 7561 HAMILTON ROAD CITY-ST-ZIP PUTNAM, ON. N0L 2B0
TITLE SY NAME BERST, JOHN STREET ADDRESS 39 TOBIN PLACE CITY-ST-ZIP WOODSTOCK ON N4S-8M4	<input checked="" type="checkbox"/> Delete	TITLE VP-D NAME IABONI, PETER STREET ADDRESS 157 EAST HUMBER DRIVE CITY-ST-ZIP KING CITY, ONTARIO, L7B 1B7
TITLE D NAME FICK, DON STREET ADDRESS 27 ST GEORGE STREET CITY-ST-ZIP AYLMER ONTARIO CA N5H-2M2	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME WARNER, AUDREY STREET ADDRESS 526 MALLORY BEACH ROAD, RR#5 CITY-ST-ZIP WIARTON, ONT. N0H 2T0
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 empowers.		
SIGNATURE: <u><i>Alberta O'Neil</i></u>		DATE <u>3-25-03</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR		DATE DAYTIME PHONE # <u>386-428-9106</u>

CPRE037 (10/02)