2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # **N33706** OCEAN POINTE I CONDOMINIUM ASSOCIATION, INC. 04-15-2002 90014 011 ****61.25 Principal Place of Business Mailing Address 500 BURTON DRIVE 500 BURTON DRIVE TAVARNIER FL 33070 TAVARNIER FL 33070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0169432 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PROVIDENT ATLANTIC RESORTS 1700 MCMULLEN BOOTH ROAD SUITE B5 33759 (please correct Zip) City Zip Code CLEARWATER FL 34619 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 \sqrt{D} (9/01)TITLE Delete TITLE ☐ Change Addition IRWIN, BON BASSETT, ANTHONY NAME NAME STREET ADDRESS 180 N. CLINTON AVE STREET ADDRESS 41782 Broquet Dr. CITY-ST-ZIP LINDENHURST NY 11757 CITY-ST-ZIP Northville, MI 48167-2402 PD TITLE ☐ Delete TITLE Change ☐ Addition **NOVAK, JOHN** NAME 984 Route 166, Suite 4 STREET ADDRESS STREET ADDRESS 1054 RIVER AVE CITY-ST-ZIP--CITY-ST-ZIP ~ Toms-River, NJ 08753-6581 LAKEWOOD NJ 08701 STD STD TITLE TITLE Delete NAME SOLAS, ELAINE BALL, HENRY NAME STREET ADDRESS **5430 NETHERLAND AVE** STREET ADDRESS 119 Old Fort St. CITY-ST-ZIP CITY-ST-ZIP Tullahoma TN 37388-5616 **BRONX NY 10471** ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowere true execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if