

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90037 019 ****61.25

DOCUMENT # N42392

1. Entity Name

OCEAN PEARL'S HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4800 NORTH A-1-A, SUITE 7
 VERO BEACH FL 32963

4800 NORTH A-1-A, SUITE 7
 VERO BEACH FL 32963-1270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0567938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVE HENDERSON
817 BEACHLAND BLVD
VERO BEACH FL 32963

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:
FEES ARE \$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: **D** Delete
 NAME: **SUTHERLAND, JOHN H**
 STREET ADDRESS: **321 21ST ST.**
 CITY-ST-ZIP: **VERO BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DV** Delete
 NAME: **CASTLEMAN, LAWRENCE D**
 STREET ADDRESS: **360 NORTH BLUE WAVE LANE**
 CITY-ST-ZIP: **INDIAN RIVER SHORES FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DST** Delete
 NAME: **GEORGE NORCROSS**
 STREET ADDRESS: **1037 SPRINGDALE ROAD**
 CITY-ST-ZIP: **CHERRY HILL NJ**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DP** Delete
 NAME: **ROSE M. GUIDA**
 STREET ADDRESS: **4800 NORTH A1A**
 CITY-ST-ZIP: **VERO BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DS** Delete
 NAME: **DONALD MANN**
 STREET ADDRESS: **501 SUNDANCE TRAIL**
 CITY-ST-ZIP: **VERO BEACH FL 32963**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DT** Delete
 NAME: **EUSTIS WOLFINGTON**
 STREET ADDRESS: **308 EAST LANCASTER RD**
 CITY-ST-ZIP: **WYNNEWOOD PA 19096**

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)(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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000 561 231 2226
 Date Daytime Phone #

CR2E037 (9/99)