

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90040 044 \*\*\*\*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

2. Principal Place of Business

8100 HWY A1A

3. Mailing Address

1891 PORTER LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

City & State

VERO BEACH FL

City & State

SARASOTA FL

4. FEI Number

65-0567938

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

34240

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEVE HENDERSON  
 817 BEACHLAND BLVD  
 VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

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

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

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:

*Rose M. Guida* ROSE GUIDA

1/17/01

941 343 9779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)