## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # N9400002688 05-17-2001 91074 030 \*\*\*\*61.25 O.B.C. HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 500 NE SPANISH RIVER BLVD 1950 N.E. 7TH STREET BOX 6 DEERFIELD BEACH FL 33441 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number . 65-0530659 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD STE # 18 Zip Code City **BOCA RATON FL 33431** 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) Make Check Payable to \$5.00 May Be FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☑ Delete TITLE TITLE HEPPLER, MADELEINE E NAME NAME Murphy Mary STREET ADDRESS 1968 NE 7TH ST #101 STREET ADDRESS 1962 NE 7th Street CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** Deerfield Beach, FL Addition TITLE TITLE Delete HEPPLER, HOWARD U NAME Eastman, Alex NAME STREET ADDRESS STREET ADDRESS 1968 N.E. 7TH STREET #101 1950 NE 7th Street CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD FL 33441** Deerfield Beach, FL X Delete TITLE TITLE TD EASTMAN, ALESSANDRA NAME NAME Potash, Richard STREET ADDRESS STREET ADDRESS 1950 NE 7TH ST #101 1962 NE 7th Street CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Deerfield Beach, FL ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS 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:

FILED