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

DOCUMENT # N94000002688

Entity Name

O.B.C. HOMEOWNERS ASSOCIATION, INC.

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FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90219 012 ****61.25

							150						
Principal Place of Business Mailing Address						<u> </u>							
DEERFIELD BEACH FL 33441				500 NE SPANISH RIVER BLVD #18 BOCA RATON FL 33431			 	141 610 12 40 12 40 12	'il 60 /il 80 /il 60 /i	. • • • • • • • • • • • • • • • • • • •	1 8 1 1 8 71 1882		
2. Principal Place of Business 3				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	θ		City & State					" \ _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				oplied For ot Applicable]
Zip Country			Zip Cou			untry		5. Certificate of St	atus Desired		\$8.75 Add	ditional	1
	6. Name	and Address of Current	Registere	ed Agent	<u> </u>			7. Name and Add	ress of New	Registered A	gent		1
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	RNEST W Spanish Riv			Street Address (P.O. Box Number is Not Acceptable)					-	1			
STE # 18 BOCA RA	3 NTON FL 33	431				City	÷	•		FL	Zip Cod	e	-
Ì.		submits this statement for				1					<u> </u>		1
SIGNATURE .		,											
	Signature, typed o	or printed name of registered agent	and title if app	olicable. (NOT	E: Registere	ed Agent signature	e required	when reinstating)		DATE			1
ļ	FILE NOW:	FEE IS \$61.25		9. Election Ca Trust Fund (]	\$5.00 May Be Added to Fees		ake Check ida Depart			
10.		OFFICERS AND DI	RECTORS		11.		,	ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIF	RECTORS IN		۔ ا
TITLE	PD			☐ Delete	TITL						☐ Change	Addition	(10/02
NAME	MURPHY,				NAM								E
STREET ADDRESS CITY-ST-ZIP		TH ST. #105 DBEACH FL 33441				EET ADDRESS (-ST-ZIP							0
	TD	DEACH FL 33441		☐ Delete	TITL	- -					☐ Change	☐ Addition	18
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STREET ADDRESS		TH ST. #101				EET ADDRESS							
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STREET ADDRESS						EET ADDRESS (-ST-ZIP							
CITY-ST-ZIP	<u> </u>				- John Street	31-211							4 .

12. I hereby certify that the information supplied with this filling 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: Thank Philippie REQUIRED