

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90057 028 ****70.00

DOCUMENT # N95000006028

1. Entity Name

OCEANS EIGHT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2937 S ATLANTIC AVE
 DAYTONA BEACH SHORES FL 32118
 US

2937 S ATLANTIC AVE
 DAYTONA BEACH SHORES FL 32118-6043
 US

906023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3353201

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, MARCIA
 2937 S. ATLANTIC AVE.
 STE 201
 DAYTONA BEACH FL 32118

Name **LEON M. COLE**

Street Address (P.O. Box Number is Not Acceptable)

2937 S. ATLANTIC AVE #1008

City **DAYTONA BCH SHORES FL** Zip Code **32118**

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

LEON M. COLE

Signature, typed or printed name of registered agent and title if applicable

Shelle

(NOTE: Registered Agent signature required when reinstating)

01/17/00

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 **VPD** Delete
 NAME **MCCALLUM, PAUL**
 STREET ADDRESS **2937 S. ATLANTIC AVE. #609**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **COLE, LEON**
 STREET ADDRESS **2937 S. ATLANTIC AVE. #1008**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DD** Delete
 NAME **BARTLING, PHIL**
 STREET ADDRESS **2937 S. ATLANTIC AVE. #709**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **DD** Change Addition
 NAME **IOANNIDIS, MARY**
 STREET ADDRESS **2937 S. ATLANTIC AVE #509**
 CITY-ST-ZIP **DAYTONA BCH SHORES, FL 32118**

TITLE **TD** Delete
 NAME **ANDERSON, KARL H**
 STREET ADDRESS **2937 S ATLANTIC AVE, #203**
 CITY-ST-ZIP **DAYTONA BCH SHRS FL 32118**

TITLE **TD** Change Addition
 NAME **MURRAY, GERALD L.**
 STREET ADDRESS **2937 S. ATLANTIC AVE #801**
 CITY-ST-ZIP **DAYTONA BCH SHORES, FL 32118**

TITLE **PD** Delete
 NAME **SCOTT, MARCIA A**
 STREET ADDRESS **2937 S ATLANTIC AVE, #201**
 CITY-ST-ZIP **DAYTONA BCH SHRS FL 32118**

TITLE **PD** Change Addition
 NAME **AGENT, JOHN COOPER**
 STREET ADDRESS **2937 S. ATLANTIC AVE #1603**
 CITY-ST-ZIP **DAYTONA BCH SHORES, FL 32118**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

LEON M. COLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/00

Date

(904) 760-5251

Daytime Phone #