

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90114 040 ****61.25

DOCUMENT # N95000006028

1. Entity Name
OCEANS EIGHT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2937 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 US	Mailing Address 2937 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number 59-3353201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
COLE, LEON M
2937 S. ATLANTIC AVE.
1008
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent
 Name
ALLAN IRWIN
 Street Address (P.O. Box Number is Not Acceptable)
2937 S ATLANTIC AVE #707
DAYTONA BCH SHORES
 City
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: *Allan Irwin*
 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCALLUM, PAUL 2937 S. ATLANTIC AVE. #609 DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, LEON 2937 S. ATLANTIC AVE. #1008 DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ANNIDIS, MARY 2937 S ATLANTIC AVE 509 DAYTONA BEACH SHORES FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, GERALD 2937 S ATLANTIC AVE 801 DAYTONA BCH SHRS FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, JOHN 2937 S ATLANTIC AVE DAYTONA BCH SHRS FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLAN IRWIN 2937 S ATLANTIC AV #707 DAYTONA BCH SHORES FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THEODORE CALABRESE 2937 S. ATLANTIC AV #403 DAYTONA BCH SHORES FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERTRUDE SHOEMAKER 2937 S ATLANTIC AV #1502 DAYTONA BCH SHORES FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREG MARTOCCIO 2937 S ATLANTIC AV #901 DAYTONA BCH SHORES FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D BETTY TOWNSEND 2937 S ATLANTIC AV #2002 DAYTONA BCH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Allan Irwin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/31/01**
 Daytime Phone #

CR2E037 (10/00)