

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90141 038 \*\*\*\*61.25

**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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3353201**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRWIN, ALLAN**  
**2937 S. ATLANTIC AVE.**  
**DAYTONA BEACH FL 32118**

Name **MORBITZER, MARGARET L**  
 Street Address (P.O. Box Number is Not Acceptable) **6608 N. ORLANDO AVE**  
**SUITE 105**  
 City **MAITLAND** FL Zip Code **32751**

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

*Handwritten signature of Allan S. Irwin*

*April 24, 2002*

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 **CALABRESE, THEODORE**  
 STREET ADDRESS **2937 S ATLANTIC AVENUE # 707**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D**  Change  Addition  
 NAME **CALABRESE, THEODORE**  
 STREET ADDRESS **2937 S. ATLANTIC AVE #403**  
 CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE **SD**  Delete  
 NAME **MARTOCCIO, GREG**  
 STREET ADDRESS **2937 S ATLANTIC AVENUE # 901**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **VPD**  Change  Addition  
 NAME **MEHEGAN, TOM**  
 STREET ADDRESS **2937 S. ATLANTIC AVE #1609**  
 CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE **DD**  Delete  
 NAME **TOWNSEND, BETTY**  
 STREET ADDRESS **2937 S ATLANTIC AVENUE # 2002**  
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **SD**  Change  Addition  
 NAME **TOWNSEND, BETTY**  
 STREET ADDRESS **2937 S. ATLANTIC AVE # 2002**  
 CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE **TD**  Delete  
 NAME **SHOEMAKER, GERTRUDE**  
 STREET ADDRESS **2937 S ATLANTIC AVENUE # 1502**  
 CITY-ST-ZIP **DAYTONA BCH SHRS FL 32118**

TITLE  Change  Addition

TITLE **PD**  Delete  
 NAME **IRWIN, ALLAN**  
 STREET ADDRESS **2937 S ATLANTIC AVENUE # 707**  
 CITY-ST-ZIP **DAYTONA BCH SHRS FL 32118**

TITLE  Change  Addition

TITLE  Delete

TITLE  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:

*Handwritten signature of Allan S. Irwin*

Date

Daytime Phone #

*4/24/02 (386) 760-5197*

CR2E037 (9/01)