2000 UNIFORM BUSINESS REPORT (UBR) Jun 09, 2000 8:00 am DOCUMENT # N96000004083 1. Entity Name **Secretary of State** The Ocean Club at Orchid Island Condominium Association 06-09-2000 90213 038 ****61.25 Inc. Mailing Address Principal Place of Business 1 Beachside Dr. 1 Beachside Dr. Town of Orchid Town of Orchid Vero Beach Fl 32963 Vero Beach F1 32963 2. Principal Place of Business 3. Mailing Address C/O Vista Properties Mgmt Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 Vista Royale Blvd. 4. FEI Number City & State City & State Applied For Not Applicable Vero Beach Fl <u>59-3447033</u> \$8.75 Additional Zio Country Country 5. Certificate of Status Desired 32962 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Quinn, Jerome D. Street Address (P.O. Box Number is Not Acceptable) 3111 Cardinal Drive Vero Beach F1 32963 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS P,D ☐ Change X Addition X Delete TITLE TITLE STDD Dowling, , Victor NAME NAME Toomey, Robert 90 Beachside Drive # 302 STREET ADDRESS STREET ADDRESS 3125 Windsor Blvd. CITY-ST-ZIP Vero Beach F1 32963 CITY-ST-ZIP Vero Beach F1 32963 X Delete TITLE **VSD** ☐ Change X Addition TITLE NAME Meridith, Ted NAME Brough, John A. STREET ADDRESS STREET ADDRESS 90 Beachside Drive #202 3125 Windsor Blvd. CITY-ST-ZIP __ CITY-ST-ZIP Vero Beach F1 32963 Vero Beach F1 32963 🔽 Addition X Delete TITLE Change NAME Pollard, Robert Burnett, Robert STREET ADDRESS STREET ADDRESS 90 Beachside Drive # 101 3125 Windsor Blvd. CITY-ST-ZIP CITY-ST-ZIP Vero Beach F1 32963 Vero Beach F1 32963 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information applied with this filing does not indicated on this report or supplied ental report is true and accurate of the corporation of the recived invistee empowered to execute alily for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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

SIGNATURE: