

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

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90912 039 ****61.25

DOCUMENT # N96000004083

1. Entity Name

THE OCEAN CLUB AT ORCHID ISLAND CONDOMINIUM
ASSOCIATION, INC.

001011

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 BEACHSIDE DR

Suite, Apt. #, etc.

TOWN OF ORCHID

City & State

VERO BEACH FL

Zip

32963

Country

3. Mailing Address

C/O ELLIOT MERRILL MGT.

Suite, Apt. #, etc.

1105 12TH ST

City & State

VERO BEACH FL

Zip

32960

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3447033

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CRAIG MERRILL

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

10 ELLIOT MERRILL COMMUNITY MGT

1105 12TH ST

City

VERO BEACH

FL

Zip Code

32960

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Victor Dawling
90 BEACHSIDE DR #302
VERO Beach, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VDSD
TED MEREDITH
90 BEACHSIDE DRIVE #202
VERO Beach, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
ROBERT POLLARD
90 BEACHSIDE DR #101
VERO Beach, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
EDWIN PALMER
100 BEACHSIDE DR #201
VERO Beach, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WALTER JACKVILLE
90 BEACHSIDE DR #301
VERO Beach, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037B (12/01)