2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9600004083

THE OCEAN CLUB AT ORCHID ISLAND CONDOMINIUM ASSO



Apr 09, 2003 8:00 am Secretary of State

Applied For Not Applicable

04-09-2003 90094 025 ****61.25

FILED

CIATION, INC.		
Principal Place of Business	Mailing Address	
1 BEACHSIDE DRIVE - TOWN OF ORCHID VERO BEACH FL 32963	C/O ELLIOT MERRILL MGT. 1105 12THST VERO BEACH FL 32960 US	
2. Principal Place of Business	3. Mailing Address 835 204 Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ CHECK HERE IF MAKING CHANGES
City & State	Viro Beach TL	4. FEI Number 59-3447033 A
Zip Country	Zip Country	5 Cortificate of Status Desired S8.75 Ad

\$8.75 Additional USA. 329-6-0_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERRILL, CRAIG Address (P.O. Box Number is Not Acceptable) C/O ELLIOTT MERRILL COMMUNITY MGT 1105 12TH ST VERO BEACH FL 32960 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed of print 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. PD Delete ☐ Change Addition TITLE TITLE DOWLING, VICTOR NAME 100 beachside DR# STREET ADDRESS STREET ADDRESS 90 BEACHSIDE DRIVE #302 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change TITLE VDSD ☐ Delete TITLE ☐ Addition NAME MEREDITH, TED NAME STREET ADDRESS 90 BEACHSIDE DRIVE #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 SO Change ☐ Delete TITLE Addition TITLE POLLARD, ROBERT NAME NAME 90 BEACHSIDE DRIVE #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition TITLE Change ☐ Delete TITLE PALMER, EDWIN NAME NAME STREET ADDRESS STREET ADDRESS 100 BEACHSIDE DR 201 CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Change ☐ Addition ☐ Delete TITLE SACKVILLE, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 90 BEACHSIDE DR 301 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP