

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90086 016 \*\*\*\*61.25

**DOCUMENT # 709539**

1. Entity Name

**THE OCEAN MONARCH CONDOMINIUM INC.**

Principal Place of Business

Mailing Address

133 N POMPANO BCH  
 POMPANO BCH FL 33062  
 US

133 N POMPANO BCH  
 POMPANO BCH FL 33062-5720  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1164790**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TANNER, GLORIA  
 133 N. POMPANO BEACH BLVD.  
 UNIT 1102  
 POMPANO BEACH FL 33062

Name **SHARON WALBRIDGE**  
 Street Address (P.O. Box Number is Not Acceptable) **133 N. POMPANO BEACH BLVD**  
**UNIT 304**  
 City **POMPANO BEACH** FL Zip Code **33062**

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 *Sharon Walbridge* **SHARON WALBRIDGE, Secretary** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	V	<input checked="" type="checkbox"/> Delete
NAME	TRUBIANI, CAHILLO	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAGRINI, EUGENE	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDSEY, ALFRED	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TANNER, GLORIA	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, ROBERT	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINSON, ROBERT	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRE RATH YEGH	
STREET ADDRESS	133 N. POMPANO BEACH BLVD #404	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	JULIE DARGAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE DARGAN	
STREET ADDRESS	133 N. POMPANO BEACH BLVD #502	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, ALFRED	
STREET ADDRESS	133 N. POMPANO BEACH BLVD #808	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON WALBRIDGE	
STREET ADDRESS	133 N. POMPANO BEACH BLVD #304	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	CHRIS MARKOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS MARKOS	
STREET ADDRESS	133 N. POMPANO BEACH BLVD #811	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sharon Walbridge* **SHARON WALBRIDGE, Sec.** DATE **9/04/98** Daytime Phone # **941 9289**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)