

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004883

1. Entity Name

OCEANIA PLAZA PHASE II CONDOMINIUM OWNERS' ASSOC

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90088 045 ****61.25

Principal Place of Business

Mailing Address

425 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169

425 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169-2607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3350782

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADGETT, JEAN
425 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169

Name: Donna F. Ruby
Street Address (P.O. Box Number is Not Acceptable): 425 S. Atlantic Ave
City: New Smyrna Beach FL Zip Code: 32169

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: Donna F. Ruby, Donna F. Ruby

(NOTE: Registered Agent signature required when reinstating)

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: PD
NAME: CORBIN, NORMAN L
STREET ADDRESS: P.O. BOX 935461
CITY-ST-ZIP: WINTER PARK FL 32793 ☒ Delete

TITLE: PD
NAME: Michael Johnson
STREET ADDRESS: 126 Semoran Comm. A.
CITY-ST-ZIP: Apopka, FL 32703 ☐ Change ☒ Addition

TITLE: VD
NAME: GALLIABIO, JOHN
STREET ADDRESS: 2080 COBB PARKWAY
CITY-ST-ZIP: SMYRNA GA 30080 ☒ Delete

TITLE: VPD
NAME: John Waldeck
STREET ADDRESS: 315 N Causeway, E 302
CITY-ST-ZIP: New Smyrna Beach, FL 32169 ☐ Change ☒ Addition

TITLE: TD
NAME: KEPLER, VERNON
STREET ADDRESS: 1861 TRAVELERS PALM DRIVE
CITY-ST-ZIP: EDGEWATER FL 32141 ☐ Delete

TITLE: D
NAME: Diana Peterson
STREET ADDRESS: 3500 S. Atlantic Ave
CITY-ST-ZIP: New Smyrna Beach, FL 32169 ☐ Change ☒ Addition

TITLE: SD
NAME: LINGBERG, ARNOLD
STREET ADDRESS: 6722 DANCY COURT
CITY-ST-ZIP: ORLANDO FL 32819 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ 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: Michael Johnson MICHAEL JOHNSON 4/28/00 904-427-4636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)