

2000 UNIFORM BUSINESS REPORT, (UBR)

5.

DOCUMENT # 751745

1. Entity Name

89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

89 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176

Mailing Address

89 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176-6614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2129737

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, JAMES
20 N HALIFAX AVENUE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Claire Gerard, Secretary 4/25/00

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

(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

TITLE SD ☐ Delete

NAME GERARD, CLAIRE
STREET ADDRESS 89 S. ATLANTIC AVE., #1604
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE VD ☐ Delete

NAME OLDHAM, DIANE
STREET ADDRESS 89 S. ATLANTIC AVE., #1002
CITY-ST-ZIP ORMOND BCH FL 32176

TITLE TD ☐ Delete

NAME JUENGST, MARILYN
STREET ADDRESS 89 S. ATLANTIC AVE., #403
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE TD ☐ Delete

NAME COSNER, EARL
STREET ADDRESS 89 S ATLANTIC AVE #1108
CITY-ST-ZIP ORMOND BEACH FL

TITLE VD ☒ Delete

NAME ZITZKE, VERNE
STREET ADDRESS 89 S ATLANTIC AVE #906
CITY-ST-ZIP ORMOND BCH, FL 00000

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME VP ROBERT MORIN
STREET ADDRESS 89 S. ATLANTIC AVE #1401
CITY-ST-ZIP ORMOND BCH FL 32176

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:

SIGNATURE REQUIRED

Claire Gerard 5/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE GERARD

Date

Daytime Phone #

CR2E037 (9/99)