

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90475 021 ****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
 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

WALBRIDGE, SHARON
 133 N. POMPANO BEACH BLVD.
 UNIT 1102
 POMPANO BEACH FL 33062

Name **LOEBER, STEVE**

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

133 N. POMPANO BEACH BLVD

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** Delete
 NAME **RATH VEGH, IMRE**
 STREET ADDRESS **133 N. POMPANO BEACH BLVD.**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **V** Change Addition
 NAME **FOX, WILLIAM**
 STREET ADDRESS **133 N. POMPANO BEACH BLVD.**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **P** Delete
 NAME **LINDSAY, ALFRED**
 STREET ADDRESS **133N POLPANO BCH BLVD BLD #808**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **P** Change Addition
 NAME **WALBRIDGE, SHARON**
 STREET ADDRESS **133 N. POMPANO BEACH BLVD**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** Delete
 NAME **DARGAN, JULIE**
 STREET ADDRESS **133 N POMPANO BCH**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **S.** Change Addition
 NAME **LOEBER, STEVE**
 STREET ADDRESS **133 N. POMPANO BEACH BLVD**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **S** Delete
 NAME **WALBRIDGE, SHARON**
 STREET ADDRESS **133 N. POMPANO BEACH BLVD.**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **T.** Change Addition
 NAME **LINDSAY, ALFRED**
 STREET ADDRESS **133 N. POMPANO BEACH BLVD**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** Delete
 NAME **HARKOS, CHRIS**
 STREET ADDRESS **133 N POMPANO BCH**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HINSON, ROBERT**
 STREET ADDRESS **133 N. POMPANO BEACH BLVD.**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE Change 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: **SIGNSADGIBRESUIRESTEVE LOEBER 3/5/01 9549419289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)