

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90119 002 \*\*\*\*61.25

**DOCUMENT # 727317**

1. Entity Name

**OCEAN BREEZE ASSOCIATION, INC.**

Principal Place of Business

**3510 S. OCEAN SHORE BLVD.  
 FLAGLER BEACH FL 32136**

Mailing Address

**3510 S. OCEAN SHORE BLVD.  
 UNIT 100  
 FLAGLER BEACH FL 32136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1577275**

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

**KEENEY, MICHAEL R P.A.  
 687 BEVILLE ROAD, SUITE A  
 SOUTH DATONA FL 32121**

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

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 **P** ☐ Delete  
 NAME **CROFMAN, ALLEN K**  
 STREET ADDRESS **23 MEADOW BROOKE LANE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DON BURNS**  
 STREET ADDRESS **574 SAYLES STREET**  
 CITY-ST-ZIP **ONEIDA, NY 13421**

TITLE **VP D** ☐ Delete  
 NAME **OSTROWIDZKI, SHARON**  
 STREET ADDRESS **36 MEADOW BROOKE LN**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DAN STRINGER**  
 STREET ADDRESS **14421 CLIFTON RD.**  
 CITY-ST-ZIP **LAKEWOOD, OHIO 44107**

TITLE **T** ☐ Delete  
 NAME **CONKLIN, JACK**  
 STREET ADDRESS **2769 HORSESHOE KNOLL LA**  
 CITY-ST-ZIP **ROSWELL GA 30075**

TITLE **S** ☐ Change ☒ Addition  
 NAME **STELLA FIDAN**  
 STREET ADDRESS **3510 SOUTH OCEAN SHORE BLVD #112**  
 CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **S** ☒ Delete  
 NAME **BAUM, DONNA**  
 STREET ADDRESS **617 VIA MILANO CIRCLE**  
 CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **D** ☒ Delete  
 NAME **HEDRICK, NETTIE**  
 STREET ADDRESS **3510 S. OCEANSHRE BLVD., UNIT 402**  
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

TITLE **VP** ☐ Delete  
 NAME **LAWLOR, WILLIAM C**  
 STREET ADDRESS **51 BAY POINT DR.**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)