

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745164

1. Entity Name

PORPOISE BAY VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

300 HARBOUR DR., 510
VERO BEACH FL 32963-2819

Mailing Address

300 HARBOUR DR. #510
VERO BEACH FL 32960
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1902457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JAY STEVEN
3300 PGA BLVD., SUITE 800
PALM BEACH GARDENS FL 33410

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

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 S ☐ Delete
NAME DRAKE, DORIS
STREET ADDRESS 300 HARBOUR DR.
CITY-ST-ZIP VERO BCH FL

TITLE D ☒ Delete
NAME BLACKBURN, DELOSS
STREET ADDRESS 300 HARBOUR DR.
CITY-ST-ZIP VERO BCH FL

TITLE D ☐ Delete
NAME GREGG, JOE
STREET ADDRESS 300 HARBOUR DR
CITY-ST-ZIP VERO BCH FL 32963

TITLE PD ☐ Delete
NAME LOCKHART, JEFF
STREET ADDRESS 300 HARBOUR DRIVE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 DT ☐ Change ☒ Addition
NAME DORIE NEWMAN
STREET ADDRESS 300 HARBOUR DR.
CITY-ST-ZIP VERO BCH, FL

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

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~~ REMOVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2001

561-231-2766

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90205 046 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)