

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # N95000004883****1. Entity Name**
OCEANIA PLAZA PHASE II CONDOMINIUM OWNERS' ASSOCIATION
, INC.

Principal Place of Business 425 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169	Mailing Address 425 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169
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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
59-3350782Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRUBY DONNA F
425 S ATLANTIC AVE

NEW SMYRNA BEACH FL 32169 US**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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	VPD <input type="checkbox"/> Delete
NAME	WALDECK JOHN
STREET ADDRESS	315 N CAUSEWAY E 302
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	PD <input type="checkbox"/> Delete
NAME	JOHNSON MICHAEL
STREET ADDRESS	126 SEMARAN COMMPL
CITY-ST-ZIP	APOPKA FL 32703
TITLE	SD <input type="checkbox"/> Delete
NAME	LINGBERG ARNOLD
STREET ADDRESS	6722 DANCY COURT
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	TD <input type="checkbox"/> Delete
NAME	KEPLER VERNON
STREET ADDRESS	1861 TRAVELERS PALM DRIVE
CITY-ST-ZIP	EDGEWATER FL 32141
TITLE	D <input type="checkbox"/> Delete
NAME	PETERSON DIANA
STREET ADDRESS	3500 S ATLANTIC AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBY ED
STREET ADDRESS	425 S. ATLANTIC AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD TED
STREET ADDRESS	206 LANDEN CT.
CITY-ST-ZIP	WAUKESHA, WS 531884611
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: EDWARD RUBY SD 04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)