

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90340 039 \*\*\*\*70.00

**DOCUMENT #** N44216 ✓  
**1. Entity Name**  
1500 Ocean Club Condominium Association, Inc

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business** 1500 North Ocean Boulevard  
Suite, Apt. #, etc.

**3. Mailing Address** 1500 North Ocean Boulevard  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** Pompano Beach FL  
**Zip** 33062 **Country** USA

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**Zip** 33062 **Country** USA

**4. FEI Number** 65 0235506  
**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Rose Robbins, Esq.  
**Street Address (P.O. Box Number is Not Acceptable)** 2608 N. Ocean Blvd #117  
**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** Rose Robbins, Esq. **DATE** April 29, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>P. D</u> <u>Rolland Dufford</u> <u>#405</u>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>V.P., D</u> <u>ROSE ROBBINS</u> <u>1500 N. Ocean Blvd #601</u> <u>Pompano Beach, FL 33062</u>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>T, D</u> <u>LINDA LAHR</u> <u>1500 N. Ocean Blvd #605</u> <u>Pompano Bch, FL 33062</u>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>S, D</u> <u>Rick Cox</u> <u>1500 N. Ocean Blvd #205</u> <u>Pompano Bch, FL 33062</u>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>Denise Woodstock, S.D.</u> <u>1500 N. Ocean Blvd 602</u> <u>Pompano Beach, FL 33062</u>

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
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IN THIS SPACE**

CR2E037B (12/01)

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Rose Robbins, Esq. D/VP **DATE** April 29/02 954-946-8130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR