


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

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90003 019 \*\*\*\*61.25

DOCUMENT # 709539  
1. Entity Name  
The Ocean Monarch  
Condominium, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**40096082**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1164790

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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  
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. RIK KLEID 133 N. POMPADO BEACH BLVD # 410 POMPADO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. ELLEN SZCZEPANIK 133 N. POMPADO BEACH BLVD # 411 POMPADO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. WALT MCGRATH 133 POMPADO BEACH BLVD # 416 POMPADO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAULA SZCZAPINSKI # 811 133 POMPADO BEACH BLVD POMPADO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT HINSON 133 N. POMPADO BEACH BLVD # 609 POMPADO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RONALD FINNEGAN 133 N. POMPADO BEACH BLVD # 1106 POMPADO BEACH FL 33062	TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: Robert Hinson OM Board 6/19/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #

CR2E037B (12/02)

ATTACHMENT  
40096082

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# 709539

DIRECTOR

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MARSHA DECKER

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133 N. POAPANO BEACH BLVD #1203

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POAPANO BEACH, FL. 33067

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