

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90119 038 ****61.25

DOCUMENT # 709539

1. Entity Name
THE OCEAN MONARCH CONDOMINIUM INC.



Principal Place of Business
**133 N POMPANO BCH
POMPANO BCH FL 33062
US**

Mailing Address
**133 N POMPANO BCH
POMPANO BCH FL 33062
US**



CHECK HERE IF MAKING CHANGES

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 **59-1164790**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOEBER, STEVE
133 N. POMPANO BEACH BLVD.
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name **Ross Macdonald**
Street Address (P.O. Box Number is Not Acceptable)
**133 N. Pompano Beach Blvd
Pompano Beach FL, 33062**
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 *Ross Macdonald*

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	FOX, WILLIAM	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP		POMPANO BEACH FL 33062	
TITLE	P	WALBRIDGE, SHARON	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		133 N POMPANO BEACH BLVD	
CITY-ST-ZIP		POMPANO BCH FL 33062	
TITLE	S	LOEBER, STEVE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		133 N POMPANO BEACH BLVD	
CITY-ST-ZIP		POMPANO BCH FL 33062	
TITLE	V	LINDSAY, ALFRED	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP		POMPANO BEACH FL 33062	
TITLE	D	HARKOS, CHRIS	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		133 N POMPANO BCH	
CITY-ST-ZIP		POMPANO BCH FL 33062	
TITLE	D	HINSON, ROBERT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		133 N. POMPANO BEACH BLVD.	Keep
CITY-ST-ZIP		POMPANO BEACH FL	

TITLE	V	Timothy Greenep	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		133 N. Pompano Beach Blvd	
CITY-ST-ZIP		Pompano Beach 33062	
TITLE	P	Vincent Morello	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		133 N. Pompano Beach Blvd	
CITY-ST-ZIP		Pompano Beach 33062	
TITLE	S	Pamela Tyler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		133 N. Pompano Beach Blvd	
CITY-ST-ZIP		Pompano Beach FL 33062	
TITLE	T	Mary Lou Linardi-Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		133 N. Pompano Beach Blvd	
CITY-ST-ZIP		Pompano Beach, FL 33062	
TITLE	D	Anthony Nazearo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		133 N. Pompano Beach Blvd	
CITY-ST-ZIP		Pompano Beach, FL 33062	
TITLE	D	Marsha Decker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		133 N. Pompano Beach Blvd	
CITY-ST-ZIP		Pompano Beach, FL 33062	

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 recipient 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: *Timothy Greenep*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

JANUARY 05 03. 954 / 941-9289

CR2E037 (10/02)