

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90303 010 ****61.25

DOCUMENT # 765272

1. Entity Name

OCEAN CLUB I CONDOMINIUM ASSOC., INC. OF ST. AUGUSTINE BEACH



Principal Place of Business

**11 DONDANVILLE RD.
UNIT 3
ST AUGUSTINE FL 32086**

Mailing Address

**11 DONDANVILLE RD.
UNIT 3
ST AUGUSTINE FL 32086**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32080

32080

4. FEI Number **59-2256951**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUER, MARGARET
11 DONDANVILLE RD
#5
ST. AUGUSTINE FL 32086**

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

Margaret Bauer, MARGARET BAUER TREASURER 4/30/03

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	D	<input type="checkbox"/> Delete
NAME	SCRIVENS, LEE	
STREET ADDRESS	11 DONDANVILLE RD #42	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIANNATTASIO, LINDA	
STREET ADDRESS	412 S COMMUNITY DRIVE	
CITY-ST-ZIP	BRICK NJ 08723	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUSSMAN, JAMES	
STREET ADDRESS	2430 FOOTBRIDGE LANE	
CITY-ST-ZIP	JAX FL 32224	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAUER, MARGARET	
STREET ADDRESS	11 DONDANVILLE ERD #5	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTLEY, JOSEPH	
STREET ADDRESS	1742 STANSBERRY DR	
CITY-ST-ZIP	ST AUGUSTINE FL 45432	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEIL, MICHAEL	
STREET ADDRESS	3369 KINGS ROAD SOUTH	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIVENS, LEE	
STREET ADDRESS	11 DONDANVILLE RD # 42	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANNATTASIO, LINDA	
STREET ADDRESS	412 S COMMUNITY DR	
CITY-ST-ZIP	BRICK, NJ 08723	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYLIE, BARBARA	
STREET ADDRESS	44 MAPLE COURT	
CITY-ST-ZIP	BRICK, NJ 08733	
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	D NOT VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIL MICHAEL	
STREET ADDRESS	3369 KINGS RD. SO.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	

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:

Margaret Bauer, MARGARET BAUER TREAS 4/30/03 471-5722

CR2E037 (10/02)