

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90193 037 ***61.25

DOCUMENT # N44216

1. Entity Name
1500 OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1500 N. OCEAN BLVD.
POMPANO BEACH FL 33062
US**

Mailing Address
**1500 N. OCEAN BLVD.
POMPANO BEACH FL 33062
US**

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 **65-0235506**

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

**ROBBINS, ROSE ESQ.
2608 N. OCEAN BLVD.
SUITE 117
POMPANO BEACH FL 33062**

Name **ROLAND GIFFORD**
Street Address (P.O. Box Number is Not Acceptable)
1500 N OCEAN BLVD #405
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROLAND T. GIFFORD** (NOTE: Registered Agent signature required when reinstating) DATE **4-22-03**

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	PD	<input type="checkbox"/> Delete
NAME	LAIFFORD, ROLLAND	
STREET ADDRESS	1500 N. OCEAN BLVD. #405	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBBINS, ROSE	
STREET ADDRESS	1500 N. OCEAN BLVD. #601	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAHR, LINDA	
STREET ADDRESS	1500 N. OCEAN BLVD. #605	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX, RICK	
STREET ADDRESS	1500 N. OCEAN BLVD. #205	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODSTOCK, DENISE	
STREET ADDRESS	1500 N. OCEAN BLVD. #602	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	/	<input type="checkbox"/> Delete

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, ROLAND	
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regen MILLER	
STREET ADDRESS	1500 N. Ocean #503	
CITY-ST-ZIP	TREASURER	

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: **ROLAND T. GIFFORD** 4-22-03 954-943-5625

CR2E037 (10/02)