

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25106

**Entity Name:** OCEAN ISLE RUBICAN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 14, 2013**  
**Secretary of State**  
**CC5340972366**

**Current Principal Place of Business:**

C/O AMERICAN CONDOMINIUM MANAGEMENT  
615 CAPE CORAL PARKWAY W #101  
CAPE CORAL, FL 33914

**Current Mailing Address:**

C/O AMERICAN CONDO MANAGEMENT  
PO BOX 100399  
CAPE CORAL, FL 33910 US

**FEI Number:** 65-0058521

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KASE, SUSAN M  
615 CAPE CORAL PARKWAY W #101  
CAPE CORAL, FL 33910 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name NICHOLSON, WILL  
Address 4510 SE 5TH PLACE, 105  
City-State-Zip: CAPE CORAL FL 33904

Title STD  
Name KULHAVI, DON  
Address 4510 SE 5TH PLACE, 202  
City-State-Zip: CAPE CORAL FL 33904

Title VP  
Name NELSON, GWEN  
Address 114 JUMPER LANE  
City-State-Zip: WEST CHESTER PA 19382

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILL NICHOLSON

**PRESIDENT**

**03/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date