2000 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 24, 2000 8:00 am
Secretary of State
03-01-2000 90008 025 ****61.25

DOCUMENT # 701328

1. Entity Name

300 SOUTH OCEAN BOULEVARD APARTMENTS, INC.

Principal Place of Business	Mailing Address
300 SOUTH OCEAN BLVD PALM BEACH FL 33480	300 SOUTH OCEAN BLVD PALM BEACH FLA 33480-4205

DO NOT WRITE IN THIS SPACE

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 59-0902393 ☐ 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
BANISTER, JOHN WARWICK, BURNS, STEVERSON & BANISTER 140 ROYAL PALM WAY, STE 205 PALM BEACH FL 33480	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.

SIGNATURE _____
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGOVERN, STUART 300 SO. OCEAN BLVD. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary /D McGovern, Stuart	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, CAROL 300 S OCEAN BLVD PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President /D Collins, Carol	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACHON, DANIEL 300 S OCEAN BLVD PALM BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Johns, Patricia	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLENDON, JOYCE 300 S OCEAN BLVD PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer /D McLendon, Joyce	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERIALE, MARY E 300 S OCEAN BLVD PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Periale, Mary E.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEINERT, THEODORE 300 S. OCEAN BLVD. PALM BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Joyce M. McLendon REQUIRED Joyce McLendon 2/23/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #