

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709539

1. Entity Name

THE OCEAN MONARCH CONDOMINIUM INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90086 016 ****61.25

Principal Place of Business

133 N POMPANO BCH
POMPANO BCH FL 33062
US

Mailing Address

133 N POMPANO BCH
POMPANO BCH FL 33062-5720
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1164790

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TANNER, GLORIA
133 N. POMPANO BEACH BLVD.
UNIT 1102
POMPANO BEACH FL 33062

Name SHARON WALBRIDGE
Street Address (P.O. Box Number is Not Acceptable)
133 N. POMPANO BEACH BLVD
UNIT 304
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.

SIGNATURE *Sharon Walbridge*
Signature, typed or printed name of registered agent and file if applicable.

SHARON WALBRIDGE, Secretary
(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	V	<input checked="" type="checkbox"/> Delete
NAME	TRUBIANI, CAHILLO	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAGRINI, EUGENE	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDSEY, ALFRED	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TANNER, GLORIA	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, ROBERT	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINSON, ROBERT	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRE RATH YEGH	
STREET ADDRESS	133 N. POMPANO BEACH BLVD #404	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	JULIE DARGAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	133 N. POMPANO BEACH BLVD #502	
STREET ADDRESS	POMPANO BEACH FL 33062	
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, ALFRED	
STREET ADDRESS	133 N. POMPANO BEACH BLVD #808	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON WALBRIDGE	
STREET ADDRESS	133 N. POMPANO BEACH BLVD #304	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	CHRIS MARKOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	133 N. POMPANO BEACH BLVD #811	
STREET ADDRESS	POMPANO BEACH FL 33062	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sharon Walbridge* REQUIRE SHARON WALBRIDGE, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)