

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90475 021 ****61.25

DOCUMENT # 709539

1. Entity Name

THE OCEAN MONARCH CONDOMINIUM INC.

Principal Place of Business

133 N POMPANO BCH
POMPANO BCH FL 33062
US

Mailing Address

133 N POMPANO BCH
POMPANO BCH FL 33062
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1164790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WALBRIDGE, SHARON
133 N. POMPANO BEACH BLVD.
UNIT 1102
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name **LOEBER, STEVE**
Street Address (P.O. Box Number is Not Acceptable)
133 N. POMPANO BEACH BLVD
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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RATH VEGH, IMRE 133 N. POMPANO BEACH BLVD. POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDSAY, ALFRED 133N POLPANO BCH BLVD BLD #808 POMPANO BCH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARGAN, JULIE 133 N POMPANO BCH POMPANO BCH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALBRIDGE, SHARON 133 N. POMPANO BEACH BLVD. POMPANO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKOS, CHRIS 133 N POMPANO BCH POMPANO BCH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINSON, ROBERT 133 N. POMPANO BEACH BLVD. POMPANO BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOX, WILLIAM 133 N. POMPANO BEACH BLVD. POMPANO BCH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALBRIDGE, SHARON 133 N. POMPANO BCH BLVD POMPANO BCH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. LOEBER, STEVE 133 N. POMPANO BCH BLVD POMPANO BCH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. LINDSAY, ALFRED 133 N. POMPANO BEACH BLVD POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGADGIBRESUIRESTEVE LOEBER** 3/5/01 9549419289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)