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

DOCUMENT # 718143

1. Entity Name

OCEAN CHATEAU OF VERO BEACH, INC.



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90398 041 ****61.25

				1	ETR'S	İ				
Principal Place of Business 4049 OCEAN DR VERO BCH FL 32963		Mailing A 4049 OCE VERO BCH	AN DR		Ü					
						 100 0 1 00 0 1 00 0				
2. Principal Place of Business		3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City 8	City & State			4. FEI Number 59-1320562 Applied For				
		<u> </u>	<u> </u>						Not Applicable	
Zìp	Country Zip			Country 5. Certificate of			Status Desired			
6. Name and Address of Current Registered Agent			Agent	Name		7. Name and Addre	ss of New Regis	tered Agent		
ALLAN JUDITH D										
4049 OCEAN DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)						
VERO BEACH	Fl. 32963									
				City				FL Zip Co	ode	
	ed entity submits this statement	for the purpose	of changing its	registered office of	r registere	ed agent, or both, in th	e State of Florida.	I am familiar wit	n, and accept	
the obligations of	of registered agent.									
SIGNATURE	<u></u>								}	
Signat	ture, typed or printed name of registered ager	nt and title if applical	ole. (NOTE	: Registered Agent signat	ure required	when reinstating)		DATE		
-	, ,		6 Flaction O	1 - 1 1			Mala	Na ala Bassalal		
FILE	NOW: FEE IS \$61.25		Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		Check Payable partment of		
			· <u>·</u>							
10.	OFFICERS AND D	DIRECTORS		11.	A	DDITIONS/CHANGES	TO OFFICERS A			
RILE	ERSON, DENA		☐ Delete	TITLE D	CLA	ISBY, CONS	STANCE	☐ Change	Addition	
STREET ADDRESS 049	9 OCEAN DR			STREET ADDRESS					İ	
	O BEACH FL	·	·	CITY-ST-ZIP	VE	CO BEACH,	FL			
TITLE SD MCI	DOWELL, ANDREW		Delete	. TITLE NAME				☐ Change	: Addition	
	9 OCEAN DRIVE			STREET ADDRESS						
	O BEACH FL 32963		:- * <u> </u>	- CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	المنتقص المواسدة			
TITLE 1PD	AN RIDITI D		Delete	TITLE				☐ Change	Addition	
NAME ALLI STREET ADDRESS 4049	an, Judith D 9 Ocean dr.			NAME STREET ADDRESS						
	O BCH, FL 00000			CITY-ST-ZIP					}	
TITLE VD		-	Delete	TITLE				☐ Change	Addition	
	sey, fred 9 ocean dr.			NAME					}	
	9 OCEAN DA. 10 BCH, FL 00000			STREET ADDRESS CITY-ST-ZIP						
TITLE D			☐ Delete	TITLE				☐ Change	Addition	
	SEL, ARTHUR P			NAME						
	9 OCEAN DR. 10 BCH, FL 00000			STREET ADDRESS CITY-ST-ZIP					} 	
TITLE D	יט טטוו, רב טטטט							[] Change	Addition	
			I Doloto	TITLE						
	MUS, JAN		☐ Delete	TITLE Name				Change	Addition	
NAME STREET ADDRESS 4049	MUS, JAN 9 OCEAN DRIVE 10 BEACH FL		□ Delete		1			Change	Addition	

12. I hereby certify that the information supplied with this filling 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:

772-231-277