

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90036 025 ****61.25

DOCUMENT # 719638

1. Entity Name

OCEAN TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

200 BEACH RD.
TEQUESTA FL 33469

Mailing Address

200 BEACH RD.
TEQUESTA FLA 33469-2864

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

59-1425414

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEFARY, JEFF
200 BEACH ROAD
TEQUESTA FL 33469

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 ☐ Delete
NAME **D**
STREET ADDRESS **CLEARY, THOMAS**
CITY-ST-ZIP **200 BEACH RD**
TEQUESTA, FL 00000 33469

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BETANZOS, LOUIS**
CITY-ST-ZIP **200 BEACH RD**
TEQUESTA, FL 00000 33469

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VARGISH, JACK**
CITY-ST-ZIP **200 BEACH RD**
TEQUESTA, FL 00000 33469

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CARROLL, HOWARD**
CITY-ST-ZIP **200 BEACH RD**
TEQUESTA, FL 00000 33469

TITLE ☒ Change ☐
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TS**
STREET ADDRESS **HUGGETT, DONALD**
CITY-ST-ZIP **200 BEACH RD**
TEQUESTA, FL 00000 33469

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **DEW, RONALD**
CITY-ST-ZIP **200 BEACH RD**
TEQUESTA, FL 00000 33469

TITLE ☐ Change ☒
NAME **P WILLIAM VOWMEYING**
STREET ADDRESS **200 BEACH ROAD**
CITY-ST-ZIP **TEQUESTA, FL 33469**

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 changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 7, 2000

Date

Daytime Phone #