

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

DOCUMENT # 727684

1. Entity Name

OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.



FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90290 050 ****61.25

Principal Place of Business

**660 LINTON BLVD.
STE. #207
DELRAY BEACH FL 33444
US**

Mailing Address

**660 LINTON BLVD.
STE. #207
DELRAY BEACH FL 33444
US**

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 **59-1589541**

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

**ACCURATE ACCOUNTING ASSOCIATES
660 LINTON BLVD.
STE. #207
DELRAY BEACH FL 33444**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SANSEVERINO, ANTHONY	5500 OLD OCEAN BLVD	OCEAN RIDGE FL 33432	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	ROSMARIN, EDWARD	5500 OLD OCEAN BLVD	OCEAN RIDGE FL 33435	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	HOHIL, CATHLEEN	5500 OLD OCEAN BLVD	OCEAN RIDGE FL 33435	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	GEMEINHARDT, PAUL	5500 OLD OCEAN BLVD	OCEAN RIDGE FL 33435	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SCHNELLENBERGER, TIM	5500 OLD OCEAN BLVD	OCEAN RIDGE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *PAUL GEMEINHARDT*
SIGNATURE REQUIRED

Aug. 8, 2003 (772) 220-9147

CR2E037 (4/03)