

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90048 046 \*\*\*\*61.25

**DOCUMENT # 728833**

1. Entity Name

**SOUTH OCEAN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**1839 SOUTH OCEAN BOULEVARD  
 DELRAY BEACH FL 33483-6537**

Mailing Address

**1839 SOUTH OCEAN BOULEVARD  
 DELRAY BEACH FL 33483-6537**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1597006**

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

**SIMON, ERNEST G.  
 100 NE 5TH AVENUE  
 SUITE A-1  
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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.

SIGNATURE **ERNEST G. Simon**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-26-01**

**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 **SD** ☐ Delete  
 NAME **KANE, GEORGE T**  
 STREET ADDRESS **P O BOX 176 NA**  
 CITY-ST-ZIP **MASSENA NY**

TITLE **PD** ☐ Delete  
 NAME **WRIGHT, JIM**  
 STREET ADDRESS **1839 S OCEAN BLVD**  
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VPD** ☐ Delete  
 NAME **DIBONA, RICHARD T.**  
 STREET ADDRESS **1839 SO OCEAN BLVD.**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **DS** ☐ Delete  
 NAME **HYDER, MITCH**  
 STREET ADDRESS **1839 SOUTH OCEAN BLVD**  
 CITY-ST-ZIP **DELRAY BEACH FL 33982**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

**1-26-01**

**561-272-0451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)