2001 UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2001 8:00 am DOCUMENT # 728989 **Secretary of State** 1. Entity Name 07-18-2001 90013 026 ****61.25 OCEAN SOUNDS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1770 S. OCEAN BLVD 1770 S. OCEAN BLVD C0073725 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business - Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1546716 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) KELLY, HUGH M 1770 S. OCEAN BLVD. #606 POMPANO BEACH FL 33062 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) and the following residence in the contraction of the con-FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE ☐ Channe ☐ Addition NAME KELLY, HUGH M NAME STREET ADDRESS 1770 S. BLVD #606 STREET ADDRESS CITY-ST-ZIP POMPANO BCH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition KRAUEL, CLAY NAME NAME STREET ADDRESS 1770 S. OCEAN BLVD., APT 508 STREET ADDRESS POMPANO BCH., FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HARTIG, ANTHONY J NAME NAME STREET ADDRESS 1770 S. OCEAN BLVD. #702 STREET ADDRESS CITY-ST-ZIP POMPANO BCH., FL CITY-ST-ZIP VPD VPD TITLE Delete Change ☐ Addition TITLE CARROLL, TERRY NAME NAME SMITH J. HEMBERT 1770 S. OCEAN BLVD. #305 STREET ADDRESS STREET ADDRESS LTTO-S. OCEAN-ALVO-# 705 CITY-ST-ZIP POMPANO BCH., FL CITY-ST-ZIP POMPANO DRACH FL 37062 Delete TITLE TITLE Change ☐ Addition STELLER, JOHN NAME BECEIRO, ALEX NAME STREET ADDRESS **36 DILLINGHAM PLACE** STREET ADDRESS 1400 SW GATH AVE, CITY-ST-ZIE **ENGLEWOOD CLIFFS NJ 07632** CITY-ST-7IP MIAMI, FL 37174 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

07/11/01

(954) 785-3697

FILED